

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Filing at a Glance

Company: Union Security Insurance Company

Product Name: Group Indemnity Dental

SERFF Tr Num: ASWX-G127629415

State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-Closed

State Tr Num: 49823

Sub-TOI: H10G.000 Health - Dental

Co Tr Num: AR01396FB00031

State Status: Approved-Closed

Filing Type: Form

Author: SPI
AssurantHealthandEmployeeBenef

Reviewer(s): Rosalind Minor

Disposition Date: 10/03/2011

Date Submitted: 09/19/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name: Group Indemnity Dental

Project Number: AR01396FB00031

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Other

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 05/24/2011

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type:

Other-ALL Eligible Groups Except Credit

Filing Status Changed: 10/03/2011

State Status Changed: 10/03/2011

Created By: SPI

AssurantHealthandEmployeeBenef

Corresponding Filing Tracking Number:

Overall Rate Impact:

Deemer Date:

Submitted By: SPI AssurantHealthandEmployeeBenef

Filing Description:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number Description

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

GP-12 Den Group policy form to be issued to all groups to which group dental insurance may be issued in your jurisdiction, except creditor groups.

GC-12 Den Group certificate form to be used with policy form GP-12 Den.

The enclosed policy and certificate forms will provide group Dental Insurance and will be issued to the eligible group policyholder as a separate insurance policy. Each employee or member of the policyholder will receive a separate certificate of insurance.

The policy and certificate forms are being filed as insert pages. The insert pages will be combined to provide a complete policy and certificate. A complete policy with appropriate insert forms will be referred to as GP-12 Den. A complete certificate with appropriate insert forms will be referred to as GC-12 Den. A sample of a complete policy and certificate is enclosed to illustrate how the insert pages will be assembled. The sample policy and certificate are included for illustrative purposes only and do not contain any state specific variations. The following policy/certificate insert pages will be included in GP-12 Den and GC-12 Den as follows:

Policy form GP-12 Den will always include the following core insert forms:

Form Number	Description
PFP	Policy face page (used in the policy only)
TOC Den	Table of Contents
Def Gen Den	General Definitions
Sum Den	Summary of Group Dental Insurance
Schd Den	Schedule
Gen Pro Den	General Provisions (used in the policy only)
PGen Pro Den	Policy General Provisions (used in the policy only)
Premium Den	Premiums (used in the policy only)
App Pol Den	Group Policy Application (used in policy only)

Optional core insert forms may be also be included with Policy form GP-12 Den.

Optional Insert pages for use with Policy form GP-12 Den:

Form Number	Description
ETPT Den	Participating Employer Eligibility and Termination Provisions for Dental Insurance (may be used in policy only)
Amd Den	Policy Amendment form used to modify variable areas of the policy forms, described in the Statements of Variability document for GP-12 Den, et al (used in the policy only)

Unless indicated above that a form is used only with policy GP-12 Den, the above described insert pages will also be used to construct a separate certificate of insurance for each insured employee or member. The group policyholder will

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

elect the insurance that will be offered to their eligible employees or members and the eligible persons may enroll in the coverage.

Group Certificate form GC-12 Den will always include the following core insert forms:

Form Number: Description

CFP Group Certificate Face Page (replaces policy form PFP)

TOC Den Table of Contents

Def Gen Den General Definitions

Den Def Definitions for Dental Insurance (used in certificate only)

Sum Den Summary of Group Dental Insurance

Schd Den Schedule

ETP Den Eligibility and Termination Provisions for Dental Insurance (used in certificate only)

DETP Den Dependent Eligibility and Termination Provisions for Dental Insurance (used only if dependent coverage is elected under the policy and used in certificate only)

Cont Den Special Insurance Continuance Provisions (used in certificate only)

Den BP AR Dental Insurance (used in certificate only)

COB Den Coordination of Benefits (used in certificate only)

Clm Pro Den Claim Provisions for Dental Insurance (used in certificate only)

Optional Insert pages for use with Certificate form GC-12 Den:

Form Number Description

Ben Note Den Benefit Notice (optional form used only in the certificate to refer insured to form Ben Info for information regarding their coverage)

Ben Info Benefits Information (optional form used only with the certificate to describe the type of coverage(s) and effective date of coverage(s)) This form may also show all coverages for which a person is insured by us.

COC Den Continuity of Coverage (used in certificate only)

Cend Den Optional Certificate Endorsement form used to modify variable areas of the certificate forms, described in the Statements of Variability document for GP-12 Den, et al (used in place of policy form Amd Den)

Areas of variability within the enclosed forms are indicated by boxes and brackets. Statements of Variations (SOV) for each of the above forms are included for your reference. Please be assured that any change or modification to a variable item outside the ones described in the enclosed SOVs will be submitted for approval prior to use.

The words "you" and "your," and verbs following where necessary, may be changed throughout the forms to allow flexibility to change the style of the forms to third person (i.e., "covered person").

Any state required notices will be used as previously approved and will be updated in the future to reflect changes in law

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 49823
 Company Tracking Number: AR01396FB00031
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Group Indemnity Dental
 Project Name/Number: Group Indemnity Dental/AR01396FB00031

or changes in contact information. GAN AR and CNotice AR were approved 6/3/09.

These forms were approved in Kansas, our domiciliary state, on May 24, 2011.

The \$50.00 filing fee is being sent via Electronic Funds Transfer.

Company and Contact

Filing Contact Information

Stephanie Brown, LTD CLAIMS ANALYST StephanieC.Brown@assurant.com
 2323 Grand Blvd 816-474-2402 [Phone]
 Kansas City, MO 64108 816-881-8755 [FAX]

Filing Company Information

Union Security Insurance Company CoCode: 70408 State of Domicile: Kansas
 2323 Grand Blvd Group Code: 19 Company Type:
 Kansas City, MO 64108 Group Name: State ID Number:
 (800) 800-1212 ext. [Phone] FEIN Number: 81-0170040

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Security Insurance Company	\$50.00	09/19/2011	51741509
Union Security Insurance Company	\$1,100.00	09/22/2011	52015387

SERFF Tracking Number:	ASWX-G127629415	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	49823
Company Tracking Number:	AR01396FB00031		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Indemnity Dental		
Project Name/Number:	Group Indemnity Dental/AR01396FB00031		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/03/2011	10/03/2011
Approved-Closed	Rosalind Minor	09/28/2011	09/28/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	09/27/2011	09/27/2011	SPI AssurantHealthandEmployeeBenef	09/27/2011	09/27/2011
Pending Industry Response	Rosalind Minor	09/20/2011	09/20/2011	SPI AssurantHealthandEmployeeBenef	09/22/2011	09/22/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Dental Insurance	SPI AssurantHealthandEmployeeBenef	10/03/2011	10/03/2011
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	SPI AssurantHealthandEmployeeBenef	09/19/2011	09/19/2011
Supporting	AR - NAIC FORM FILING ATTACHMENT	SPI	09/19/2011	09/19/2011

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Document AssurantHealthandEmployeeBenef

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Den BP AR	Note To Reviewer	SPI AssurantHealthandEmployeeBenef	09/30/2011	09/30/2011
9/27/2011 Objection Response	Note To Reviewer	SPI AssurantHealthandEmployeeBenef	09/27/2011	09/27/2011
Implementation Date	Note To Reviewer	SPI AssurantHealthandEmployeeBenef	09/23/2011	09/23/2011

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Disposition

Disposition Date: 10/03/2011

Implementation Date:

Status: Approved-Closed

Comment:

This submission was re-opened in order to change Form DEN BP to DEN BP AR. DEN BP AR is approved effective on this date. The remainder of the filing will maintain the original approval date of 9/28/11.

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASWX-G127629415	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	49823
Company Tracking Number:	AR01396FB00031		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Indemnity Dental		
Project Name/Number:	Group Indemnity Dental/AR01396FB00031		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Sample Generic Certificate	Approved-Closed	Yes
Supporting Document (revised)	Statement of Variations	Approved-Closed	Yes
Supporting Document	Statement of Variations	Replaced	Yes
Supporting Document	Sample Generic Policy	Approved-Closed	Yes
Supporting Document	Cover Ltr	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Group Policy Face Page	Approved-Closed	Yes
Form	Group Certificate Face Page	Approved-Closed	Yes
Form	Benefit Notice	Approved-Closed	Yes
Form	Benefit Information	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	General Definitions	Approved-Closed	Yes
Form	Definitions for Dental Insurance	Approved-Closed	Yes
Form	Summary of Group Dental Insurance	Approved-Closed	Yes
Form	Schedule	Approved-Closed	Yes
Form	Participating Employer Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Dental Insurance	Approved-Closed	Yes
Form (revised)	Dependent Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Special Insurance Continuance Provisions	Approved-Closed	Yes
Form (revised)	Dental Insurance	Approved-Closed	Yes
Form	Dental Insurance	Replaced	Yes
Form	Continuity of Coverage	Approved-Closed	Yes
Form	Coordination of Benefits	Approved-Closed	Yes
Form	Claim Provisions for Dental Insurance	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	General Provisions (continued)	Approved-Closed	Yes
Form	Premiums	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Form	Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions	Replaced	Yes

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Disposition

Disposition Date: 09/28/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	ASWX-G127629415	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	49823
Company Tracking Number:	AR01396FB00031		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Indemnity Dental		
Project Name/Number:	Group Indemnity Dental/AR01396FB00031		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Sample Generic Certificate	Approved-Closed	Yes
Supporting Document (revised)	Statement of Variations	Approved-Closed	Yes
Supporting Document	Statement of Variations	Replaced	Yes
Supporting Document	Sample Generic Policy	Approved-Closed	Yes
Supporting Document	Cover Ltr	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	Yes
Supporting Document	AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	Yes
Form	Group Policy Face Page	Approved-Closed	Yes
Form	Group Certificate Face Page	Approved-Closed	Yes
Form	Benefit Notice	Approved-Closed	Yes
Form	Benefit Information	Approved-Closed	Yes
Form	Table of Contents	Approved-Closed	Yes
Form	General Definitions	Approved-Closed	Yes
Form	Definitions for Dental Insurance	Approved-Closed	Yes
Form	Summary of Group Dental Insurance	Approved-Closed	Yes
Form	Schedule	Approved-Closed	Yes
Form	Participating Employer Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Eligibility and Termination Provisions for Dental Insurance	Approved-Closed	Yes
Form (revised)	Dependent Eligibility and Termination Provisions	Approved-Closed	Yes
Form	Special Insurance Continuance Provisions	Approved-Closed	Yes
Form (revised)	Dental Insurance	Approved-Closed	Yes
Form	Dental Insurance	Replaced	Yes
Form	Continuity of Coverage	Approved-Closed	Yes
Form	Coordination of Benefits	Approved-Closed	Yes
Form	Claim Provisions for Dental Insurance	Approved-Closed	Yes
Form	General Provisions	Approved-Closed	Yes
Form	General Provisions (continued)	Approved-Closed	Yes
Form	Premiums	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Form	Endorsement	Approved-Closed	Yes
Form	Application	Approved-Closed	Yes
Form	Dependent Eligibility and Termination Provisions	Replaced	Yes

SERFF Tracking Number: ASWX-G127629415 *State:* Arkansas
Filing Company: Union Security Insurance Company *State Tracking Number:* 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 09/27/2011
Submitted Date 09/27/2011

Respond By Date

Dear Stephanie Brown,

This will acknowledge receipt of the captioned filing.

Objection 1

- Dependent Eligibility and Termination Provisions, DETP Den (Form)

Comment:

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

Objection 2

- Dependent Eligibility and Termination Provisions, DETP Den (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/27/2011
Submitted Date 09/27/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: This correspondence is regarding your 9/27/2011 Objection Letter. In response, form DETP Den - Dependent and Eligibility and Termination Provisions have been revised to comply with 23-79-129 and 23-79-129. The Statement of Variations document has been updated to reflect the changes. Both documents have been attached for your review.

Related Objection 1

Applies To:

- Dependent Eligibility and Termination Provisions, DETP Den (Form)

Comment:

Coverage for newborn infants must be for at least 90 days as outlined under ACA 23-79-129.

Related Objection 2

Applies To:

- Dependent Eligibility and Termination Provisions, DETP Den (Form)

Comment:

With respect to coverage for minors for whom the insured has filed a petition to adopt, please refer to the 60-day period outlined under ACA 23-79-137.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Statement of Variations

Comment:

Form Schedule Item Changes

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Dependent Eligibility and Termination Provisions	DETP Den		Other	Initial		55.250	AR DETP Den w boxes.PDF
Previous Version							
Dependent Eligibility and Termination Provisions	DETP Den		Other	Initial		55.250	AR DETP Den w boxes.PDF

No Rate/Rule Schedule items changed.

Kind Regards,
Stephanie Brown
816.881.8703

Sincerely,
SPI AssurantHealthandEmployeeBenef

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 09/20/2011

Submitted Date 09/20/2011

Respond By Date

Dear Stephanie Brown,

This will acknowledge receipt of the captioned filing.

Objection 1

- Group Policy Face Page, GP-12 Den PFP (Form)
- Group Certificate Face Page, GC-12 Den CFP (Form)
- Benefit Notice, Ben Note Den (Form)
- Benefit Information, Ben Info (Form)
- Table of Contents, TOC Den (Form)
- General Definitions, Def Gen Den (Form)
- Definitions for Dental Insurance, Den Def (Form)
- Summary of Group Dental Insurance, Sum Den (Form)
- Schedule, Schd Den (Form)
- Participating Employer Eligibility and Termination Provisions, ETPT Den (Form)
- Eligibility and Termination Provisions for Dental Insurance, ETP Den (Form)
- Special Insurance Continuance Provisions, Cont Den (Form)
- Dental Insurance, Den BP AR (Form)
- Continuity of Coverage, COC Den (Form)
- Coordination of Benefits, COB Den (Form)
- Claim Provisions for Dental Insurance, Clm Pro Den (Form)
- General Provisions, Gen Pro Den (Form)
- General Provisions (continued), PGen Pro Den (Form)
- Premiums, Premium Den (Form)
- Amendment, Amd Den (Form)
- Endorsement, Cend Den (Form)
- Application, App Pol Den (Form)
- Dependent Eligibility and Termination Provisions, DETP Den (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

The fee for this submission is \$50.00 per form for a total of \$1150.00. Please submit an additional \$1100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,
Rosalind Minor

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Response Letter

Response Letter Status Submitted to State
Response Letter Date 09/22/2011
Submitted Date 09/22/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: In response to your 9/20/11 objection, an additional \$1,100.00 has been submitted via EFT for the 22 forms at \$50 per form.

Related Objection 1

Applies To:

- Group Policy Face Page, GP-12 Den PFP (Form)
- Group Certificate Face Page, GC-12 Den CFP (Form)
- Benefit Notice, Ben Note Den (Form)
- Benefit Information, Ben Info (Form)
- Table of Contents, TOC Den (Form)
- General Definitions, Def Gen Den (Form)
- Definitions for Dental Insurance, Den Def (Form)
- Summary of Group Dental Insurance, Sum Den (Form)
- Schedule, Schd Den (Form)
- Participating Employer Eligibility and Termination Provisions, ETPT Den (Form)
- Eligibility and Termination Provisions for Dental Insurance, ETP Den (Form)
- Dependent Eligibility and Termination Provisions, DETP Den (Form)
- Special Insurance Continuance Provisions, Cont Den (Form)
- Dental Insurance, Den BP AR (Form)
- Continuity of Coverage, COC Den (Form)
- Coordination of Benefits, COB Den (Form)
- Claim Provisions for Dental Insurance, Clm Pro Den (Form)
- General Provisions, Gen Pro Den (Form)
- General Provisions (continued), PGen Pro Den (Form)
- Premiums, Premium Den (Form)
- Amendment, Amd Den (Form)
- Endorsement, Cend Den (Form)

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

- Application, App Pol Den (Form)

Comment:

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57.

The fee for this submission is \$50.00 per form for a total of \$1150.00. Please submit an additional \$1100.00 for this submission.

We will begin our review of this submission upon receipt of the additional filing fee.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Best Regards,
Stephanie Brown
Contracts Compliance Analyst
T 816-881-8703
F 816-881-8508

Sincerely,
SPI AssurantHealthandEmployeeBenef

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
 Filing Company: Union Security Insurance Company State Tracking Number: 49823
 Company Tracking Number: AR01396FB00031
 TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
 Product Name: Group Indemnity Dental
 Project Name/Number: Group Indemnity Dental/AR01396FB00031

Amendment Letter

Submitted Date: 10/03/2011

Comments:

Thank you for speaking with me today regarding form Den BP AR. Please see the attached revised document.

Sincerely,
 Stephanie Brown
 816.881.8703

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Den BP AR	Other	Dental Insurance	Initial				51.170	Den BP AR w boxes.PDF

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Note To Reviewer

Created By:

SPI AssurantHealthandEmployeeBenef on 09/30/2011 02:25 PM

Last Edited By:

SPI AssurantHealthandEmployeeBenef

Submitted On:

09/30/2011 02:25 PM

Subject:

Den BP AR

Comments:

Thank you for speaking with me today regarding form Den BP AR. The footer has now been revised to read "Den BP AR."

Sincerely,

Stephanie Brown

816.881.8703

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Note To Reviewer

Created By:

SPI AssurantHealthandEmployeeBenef on 09/27/2011 03:55 PM

Last Edited By:

Rosalind Minor

Submitted On:

09/28/2011 08:58 AM

Subject:

9/27/2011 Objection Response

Comments:

This is a correction to the referenced statutes in my 9/27/2011 Objection Response. Form DETP Den - Dependent and Eligibility and Termination Provisions have been revised to comply with both 23-79-137 and 23-79-129. Thank you.

SERFF Tracking Number: ASWX-G127629415 *State:* Arkansas
Filing Company: Union Security Insurance Company *State Tracking Number:* 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental *Sub-TOI:* H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Note To Reviewer

Created By:

SPI AssurantHealthandEmployeeBenef on 09/23/2011 03:36 PM

Last Edited By:

Rosalind Minor

Submitted On:

09/28/2011 08:58 AM

Subject:

Implementation Date

Comments:

This note is regarding the Implementation Date. I mistakenly input 11/1/2011 instead of the correct date of 11/1/2012. I have posted a submission update. Thank you.

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Amendment Letter

Submitted Date: 09/19/2011

Comments:

The two transmittal documents were not moved to the SERFF tab. I've now attached these documents for review.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: AR - NAIC TRANSMITTAL DOCUMENT

Comment:

AR - NAIC TRANSMITTAL DOCUMENT.PDF

User Added -Name: AR - NAIC FORM FILING ATTACHMENT

Comment:

AR - NAIC FORM FILING ATTACHMENT.PDF

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Post Submission Update Request Processed On 09/27/2011

Status: Allowed
Created By: SPI AssurantHealthandEmployeeBenef
Processed By: Rosalind Minor
Comments:

General Information:

Field Name	Requested Change	Prior Value
Implementation Date Requested	11/01/2012	11/01/2011

SERFF Tracking Number: ASWX-G127629415 State: Arkansas

Filing Company: Union Security Insurance Company State Tracking Number: 49823

Company Tracking Number: AR01396FB00031

TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental

Product Name: Group Indemnity Dental

Project Name/Number: Group Indemnity Dental/AR01396FB00031

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 09/28/2011	GP-12 Den PFP	Policy/Cont ract/Fratern al Certificate	Group Policy Face Page	Initial		55.520	GP-12 Den PFP w boxes.PDF
Approved-Closed 09/28/2011	GC-12 Den CFP	Certificate	Group Certificate Face Page	Initial		65.410	GC-12 Den CFP w boxes.PDF
Approved-Closed 09/28/2011	Ben Note Den	Other	Benefit Notice	Initial		71.480	Ben Note Den (no boxes).PDF
Approved-Closed 09/28/2011	Ben Info	Other	Benefit Information	Initial		51.660	Ben Info w boxes.PDF
Approved-Closed 09/28/2011	TOC Den	Other	Table of Contents	Initial		0.000	TOC Den (no boxes).PDF
Approved-Closed 09/28/2011	Def Gen Den	Other	General Definitions	Initial		66.730	Def Gen Den w boxes.PDF
Approved-Closed 09/28/2011	Den Def	Other	Definitions for Dental Insurance	Initial		53.240	Den Def w boxes.PDF
Approved-Closed 09/28/2011	Sum Den	Other	Summary of Group Dental Insurance	Initial		52.300	Sum Den w boxes.PDF
Approved-Closed 09/28/2011	Schd Den	Schedule Pages	Schedule	Initial		0.000	AR Schd Den w boxes.PDF
Approved-Closed 09/28/2011	ETPT Den	Other	Participating Employer Eligibility and Termination	Initial		57.890	ETPT Den w boxes.PDF

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Approved- Closed Date	ETP Den	Other	Provisions	Initial		ETP Den w boxes.PDF
09/28/2011			Eligibility and Termination Provisions for Dental Insurance		67.060	
09/28/2011	DETP Den	Other	Dependent Eligibility and Termination Provisions	Initial	55.250	AR DETP Den w boxes.PDF
09/28/2011	Cont Den	Other	Special Insurance Continuance Provisions	Initial	54.890	AR Cont Den w boxes.PDF
10/03/2011	Den BP AR	Other	Dental Insurance	Initial	51.170	Den BP AR w boxes.PDF
09/28/2011	COC Den	Other	Continuity of Coverage	Initial	63.800	COC Den w boxes.PDF
09/28/2011	COB Den	Other	Coordination of Benefits	Initial	52.800	COB Den w boxes.PDF
09/28/2011	CIm Pro Den	Other	Claim Provisions for Dental Insurance	Initial	54.680	CIm Pro Den w boxes.PDF
09/28/2011	Gen Pro Den	Other	General Provisions	Initial	51.090	Gen Pro Den w boxes.PDF
09/28/2011	PGen Pro Den	Other	General Provisions (continued)	Initial	74.800	PGen Pro Den w boxes.PDF
09/28/2011	Premium Den	Other	Premiums	Initial	66.980	Premium Den w boxes.PDF
09/28/2011	Amd Den	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert	Amendment	Initial	68.540	Amd Den w boxes.PDF

SERFF Tracking Number:	ASWX-G127629415	State:	Arkansas
Filing Company:	Union Security Insurance Company	State Tracking Number:	49823
Company Tracking Number:	AR01396FB00031		
TOI:	H10G Group Health - Dental	Sub-TOI:	H10G.000 Health - Dental
Product Name:	Group Indemnity Dental		
Project Name/Number:	Group Indemnity Dental/AR01396FB00031		

Approved- Cend Den	Certificate Endorsement	Initial	54.610	Cend Den w
Closed	Amendmen			boxes.PDF
09/28/2011	t, Insert			
	Page,			
	Endorseme			
	nt or Rider			
Approved- App Pol	Application/ Application	Initial	66.760	App Pol Den
Closed Den	Enrollment			w boxes.PDF
09/28/2011	Form			

GROUP DENTAL INSURANCE POLICY

Union Security Insurance Company agrees to provide the insurance described in this and the following pages of the *policy*, subject to payment of premiums. This *policy* is a legal contract between Union Security Insurance Company and the *policyholder*.

READ THE POLICY CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your coverage. The *policy* sets forth, in detail, the rights and obligations of both the *policyholder* and the insurance company. IT IS THEREFORE IMPORTANT TO READ THE POLICY.

Union Security Insurance Company is domiciled in the State of [Kansas]. 1

Policyholder: [ABC Company] 2

Policy Number: [G 0,000,000] 3

Delivered In: 4 [State Name] and governed by its laws, unless otherwise preempted by federal law.

Effective Date: 5 [November 1, 2012] - The date the *policy* takes effect at 12:01 a.m. which is also its date of issue.

Premium Due Dates: The first premium is due on the Effective Date. [Future premiums are due on the first day of each month after that.] 6

Policy Anniversary: [November 1, 2013], and each [November 1] after that at 12:01 7.

Insurance Provided: Group Dental Insurance [- *Contributory/Noncontributory*] 8
[Group Dental Insurance for Dependents - *Contributory/Noncontributory*]

[signature] 9

[Secretary]

[signature]

[President and Chief Executive Officer]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670] 10

CERTIFICATE OF
GROUP DENTAL INSURANCE

1 **Union Security Insurance Company** certifies that the insurance stated in this Certificate became effective on the Effective Date shown [in your Benefit Information form]. In the event of a discrepancy between the certificate and the policy provisions, then the policy provisions will control. The *policy* is a legal contract between Union Security Insurance Company and the *policyholder*.

Union Security Insurance Company is domiciled in the State of [Kansas].

2

Policyholder: [ABC Company]

3

[Participating Employer: DEF Company]

4

Group Policy Number: [0,000,000]

5

[Participation Number: 111,111]

6

[Account Number 00]

7

[Covered Person: John Jones]

8

[Covered Person's Number: 0001]

9

[Effective Date: For any dental expenses incurred on or after November 1, 2012].

10

Type of Insurance: Group Dental Insurance [– *Contributory/Noncontributory*]

[Group Dental Insurance for Dependents – *Contributory/Noncontributory*]

11

READ YOUR CERTIFICATE CAREFULLY. This cover page provides only a brief outline of some of the important features of your coverage. This cover page is not the insurance contract. The *policy* sets forth, in detail, the rights and obligations of both the *policyholder* and the insurance company. IT IS THEREFORE IMPORTANT THAT YOU READ YOUR CERTIFICATE.

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, previously issued to you.

[signature]

12

[President and
Chief Executive Officer]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670]

13

The insurance in this Certificate is not in force unless accompanied by form Ben Info which names you as the *covered person* and includes the Type of Coverage and Effective Date of Coverage. Any coverage not listed on form Ben Info, even though described in this Certificate, does not apply to you.

The insurance in this Certificate is
not in force unless accompanied by form
Ben Info.

Union Security Insurance Company

Benefit Information

1	[Covered Person's Name: John Jones	Covered Person's Number: 0001
	Group Name: ABC Company	Group Policy Number: G 0,000,000]
	2	3
	[Original] Effective Date of Coverage*	[Maximum Benefit]
4	[Employee Dental	11/01/2012 **]
	[Spouse Dental	11/01/2012 **]
	[Child Dental	11/01/2012 **]
	[Family Dental	11/01/2012 **]

5

2 *The effective date of the benefits shown in the Certificate obtained from [your employer or designated website] may be later than the [Original] Effective Date of Coverage shown above. The effective date of all benefits is subject to the terms of the *policy* and this Certificate. In no event will a benefit changed or added by amendment to the *policy* become effective before the effective date of such amendment.

**The amount of insurance and benefit determining factors for this coverage appear in the Certificate obtained from [your employer or designated website].

5

TABLE OF CONTENTS

[GENERAL DEFINITIONS	5
DEFINITIONS FOR DENTAL INSURANCE	6
SUMMARY OF GROUP DENTAL INSURANCE	9
SCHEDULE	10
PARTICIPATING EMPLOYER ELIGIBILITY AND TERMINATION PROVISIONS	16
Eligible Participating Employers	16
Eligibility Requirements	16
Participation Requirements	16
When a Participating Employer's Insurance Ends	16
ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE	17
Eligible Persons	17
Effective Date for an Eligible Person	17
Exception to Effective Date	17
When a Person's Insurance Ends	18
Re-entry	19
DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE ..	20
Eligible Dependents	20
Dependent Effective Date	20
Exception to Dependent Effective Date	20
When Dependent Insurance Ends	21
SPECIAL INSURANCE CONTINUANCE PROVISIONS	22
Continuance of Insurance	22
Dependent Continuance	22
Physically or Mentally Handicapped Dependent Children	22
Students	23
Federal Continuance	23
DENTAL INSURANCE	24
Insurance Provided	24
Network Provider Plan	24
Deductible	24
Maximum Family Deductible	24
Carry Over Deductible	25
Individual Benefit Year Maximum	25
Family Share Benefit Year Maximum	25
Maximum Benefit for Temporomandibular Joint (TMJ) Treatment	26
Maximum Benefit for Bleaching of Teeth	26
Date Started and Date Completed	26
Covered Dental Expenses	27
Class I: Preventive Dental Services	27
Class II: Basic Dental Services	28
Class III: Major Dental Services	32
Class IV: Orthodontic Dental Services	35
Pre-estimate	36
Alternate Treatment	36
Special Limitations	36
Waiting Period for Timely Applicants	36
Late Entrant Limitation	37
Missing Teeth Limitation	37
General Exclusions	39
Extension of Benefits	39
CONTINUITY OF COVERAGE	41
Definitions	41
Continuity of Coverage for You	41
Continuity of Coverage for Your Dependents	41]

TABLE OF CONTENTS (continued)

[Prior Extractions	42
Waiting Periods and Late Entrant Limitations	42
Coverage for Treatment in Progress	42
Deductible Credit	43
Maximum Benefit Credit	43
COORDINATION OF BENEFITS	45
Applicability.....	45
Definitions	45
Order of Benefit Determination.....	48
Effect on Benefits	50
Right to Receive and Release Needed Information	51
Facility of Payment	51
Right of Recovery	51
CLAIM PROVISIONS FOR DENTAL INSURANCE	52
Payment of Benefits	52
To Whom Payable	52
Authority.....	52
Filing a Claim	52
Limit on Legal Action	53
Review Procedure	53
Incontestability	53
Overpayment	53
GENERAL PROVISIONS.....	54
Entire Contract.....	54
Errors	54
Misstatements	54
Certificates.....	54
Workers' Compensation	54
Agency.....	54
Changing the Policy.....	55
Required Data	55
Policyholder's Assignment.....	55
When the Policy Ends	55
PREMIUMS	56
Premium Payments	56
Grace Period	56
Calculation of Premiums.....	56
Our Right to Change Premium Rates.....	56
AMENDMENT	57
APPLICATION	58]

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

[*Active work* means the expenditure of time and energy for the *policyholder* or *participating employer* or an *associated company* at your usual place of business on a *full-time* basis.]

1

[*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder* or *participating employer*.]

2

[*Contributory* means you pay part or all of the premium.]

3

[*Covered dependent* means an *eligible dependent* who is insured under the *policy*.]

4

Covered person means an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage. [It also includes any *covered dependent*.]

5

[*Domestic partner* means a person defined in the *policyholder's* Declaration of Domestic Partnership agreement.]

6

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on [employment or membership in a group].

7

[*Full-time* means working at least 20 hours per week, unless indicated otherwise in the *policy*.]

8

Home office means [our office in Kansas City, Missouri].

9

[*Noncontributory* means the *policyholder* or *participating employer* pays the premium.]

10

[*Part-time* means working at least 15 hours per week, unless indicated otherwise in the *policy*.]

11

[*Participating employer* means an employer who has met all the eligibility requirements.]

12

Policy means all:

- policy provisions;
- certificate(s) of group insurance;
- amendments;
- endorsements; and
- the *policyholder's* application attached to the *policy*;

issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

[*This trust* means the ABC Trust.]

13

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage.

14

DEFINITIONS FOR DENTAL INSURANCE

[*Allowable charge* means a charge that is based on the general level of charges made by other providers in the area for like *treatment*. Our determination of what is an *allowable charge* is final for the purpose of determining benefits payable under the *policy*.]

1

OR

[*Allowable charge* means:

- For a covered dental service rendered by a *network provider*, the *allowable charge* is based on an amount that the *network provider* has agreed to accept.
- For a covered dental service rendered by an *out-of-network provider*, the *allowable charge* is the reasonable charge. The reasonable charge is the charge made by other providers in the area for like *treatment*. Our determination of what is an *allowable charge* or reasonable charge is final for the purposes of determining benefits payable under the *policy*.]

OR

[*Allowable charge* means:

- For a covered dental service rendered by a *network provider*, the *allowable charge* is based on an amount that the *network provider* has agreed to accept.
- For a covered dental service rendered by an *out-of-network provider*, the *allowable charge* will not exceed the amount which is 20% less than the 80th percentile of the amount charged by other providers in the area for like *treatment*.

Our determination of what is an *allowable charge* is final for the purpose of determining benefits payable under the *policy*.]

Benefit year means [a calendar year beginning on January 1 of any year and ending on December 31 of that year].

2

Dental hygienist means an individual who is licensed to practice dental hygiene and acting under the supervision of a *dentist* within the scope of that license in treating the dental condition.

Dental insurance means the group dental insurance under the *policy* issued by us to the *policyholder*.

Dentally necessary and dental necessity mean a service or *treatment* which is appropriate with the diagnosis and which is in accordance with accepted dental standards. The service or *treatment* must be essential for the care of the teeth and supporting tissues.

Dental treatment plan means the *dentist's* report of recommended *treatment* which contains:[

- | a list of the charges and dental procedures required for the *dentally necessary* care;
- | any supporting pre-operative x-rays; and
- | any other appropriate diagnostic materials required by us].

3

DEFINITIONS FOR DENTAL INSURANCE (continued)

Dentist means an individual who is licensed to practice dentistry and acting within the scope of that license in treating the dental condition.

Denturist means an individual who is licensed to make dentures and acting within the scope of that license in treating the dental condition.

Emergency dental treatment means any *dentally necessary treatment* that is rendered as the direct result of unforeseen events or circumstances which require prompt attention.

Family unit means you and your *covered dependents*.

Functioning natural tooth means a *natural tooth* which is performing its normal role in the chewing process in the person's upper or lower arch and which is opposed in the person's other arch by another *natural tooth* or prosthetic replacement.

Immediate family member means a person who is related to the *covered person* in any of the following ways: parent, spouse, *domestic partner*, child, brother, sister, grandparent or grandchild.

Natural tooth means any tooth or part of a tooth that is organic and formed by the natural development of the body. Organic portions of the tooth include the crown enamel and dentin, the root cementum and dentin, and the enclosed pulp.

Network provider means a *dentist* who is a participant in the *network provider plan*.

Network provider plan means the dental care delivery system in which *network providers* participate and under which we provide certain dental benefits.

4

Orthodontic treatment means the corrective movement of teeth through the bone by means of an active appliance to correct a handicapping malocclusion (a malocclusion severely interfering with a person's ability to chew food) of the mouth. We will make the determination of the severity of the malocclusion.

5

Other group dental expense coverage means:

- | any other group policy providing benefits for dental expenses; or
- | any plan providing dental expense benefits (whether through a dental services organization or other party providing prepaid health or related services) which is arranged through any employer or through direct contact with persons eligible for that plan.

6

[*Out-of-network provider* means a *dentist* who is not a participant in the *network provider plan* at the time covered dental services are provided.]

[*Out-of-network provider plan* means the plan under which we provide certain dental benefits for services received from an *out-of-network provider*.]

7

DEFINITIONS FOR DENTAL INSURANCE (continued)

Periodontal maintenance procedures mean recall procedures for patients who have undergone either surgical or non-surgical *treatment* for periodontal disease. The procedures [include examination, periodontal evaluation and any further scaling and root planing that is *dentally necessary*].

8

Treatment means any dental consultation, service, supply, or procedure that is needed for the care of the teeth and supporting tissues.

SUMMARY OF GROUP DENTAL INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Dental Insurance

We pay benefits if a *covered person* incurs covered dental expenses in excess of the deductible amount. The benefit and deductible may vary according to procedure. The *policy* explains which dental expenses receive limited or no benefits. [In addition, waiting periods may apply to some procedures.]

1

If a *covered person* has more than one dental expense plan, benefits from us may be reduced so that all benefits received are not more than the actual expenses.

**Please read
the following pages
carefully.**

SCHEDULE

1

[Eligible Class: For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,

2

- who is at active work, and
 - who is working in the United States of America,
- except any
- temporary or seasonal worker, or
 - any person enrolled in the low plan.]

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

[If a person in an *eligible class* has refused coverage as reflected in either our or the *policyholder's* or *associated company's* books and records, that person will not be covered. The person may become insured at a later date, but he or she will be subject to the Late Entrant Limitation as it appears in the Special Limitations section.]

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

3

[Associated Companies: None]

4

[Present Service Requirement: None]

5

[Future Service Requirement: None]

[Entry Date: An eligible person will become insured on the day all eligibility requirements are met.]

6

OR

[Entry Date: An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first day of the billing period occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first of the month occurring after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the Effective Date of the *policy*, or the January 1 occurring on or after the day all eligibility requirements are met.]

[Effective Date of Insurance

7

The dental insurance provisions of the certificate are effective for any dental expenses incurred on or after July 1, 2012 (subject to Entry Date).]

[Minimum Participation Requirements:]

[Number: 3]

[Percentage: 20% for employee insurance]

8

[Note: Persons participating in the *policyholder's* other dental plan(s) issued by us will be counted toward the participation requirements under this *policy*.]

9

SCHEDULE (continued)

Dental Insurance

[An eligible person must elect coverage under either the High Plan or the Low Plan at the time the person applies for insurance.]

[SCHEDULE HIGH PLAN]

Deductible Amount Per Benefit Year

Individual Deductible Amount:
[for Class I, II, III Dental Services: \$50]
[Individual Deductible Amount
for Class IV Services: \$0]
[Maximum Family
Deductible: 3 persons individually]

[The Individual Deductible does not apply to Class I.]

OR

Deductible Amount Per Benefit Year

	[Network Plan]	[Out-of-Network Plan]
Individual Deductible Amount:		
[for Class I, II, III Dental Services:	\$50	\$50]
[Individual Deductible Amount		
for Class IV Services:	\$0	\$0]
[Maximum Family		
Deductible:	3 persons individually	3 persons individually]

[The Individual Deductible does not apply to Class I Network or Out-of-Network Dental Services.]

[Covered dental expenses incurred toward the deductible amount apply to both the Network and Out-of-Network Plans.]

[Coinsurance Percentages]

Class I Preventive Services:	100%
Class II Basic Services:	90%
Class III Major Services:	50%
Class IV Orthodontic Services:	50%]

OR

[Coinsurance Percentages]

Coinurance Percentage Per Person Per Individual <i>Benefit Year</i>	Class I	Dental Services Class II	Class III	Class IV
During the 1 st Year	100%	80%	10%	50%
During the 2 nd Year	100%	80%	25%	50%
Thereafter:	100%	80%	50%	50%]

OR

SCHEDULE (continued)

[Coinsurance Percentages

	Network Plan	Out-of-Network Plan
Class I Preventive Services:	100%	100%
Class II Basic Services:	90%	80%
Class III Major Services:	50%	50%
Class IV Orthodontic Services:	50%	50%]

13

[Benefit Maximums

Benefit Year Maximum: \$1,000

Overall Benefit Maximums:

Bleaching of Teeth: \$500
Class IV Orthodontic Services: \$1,000

Covered dental expenses incurred for Class I Dental Services will not be applied to the Benefit Year Maximum.]

14

OR

[Benefit Maximums

Individual Benefit Year Maximum: \$1,000

Family Share Benefit Year Maximum:

Level of Coverage Elected:
Employee and Spouse/*Domestic Partner*: \$1,500
Employee and Child(ren): \$1,500
Employee, Spouse/*Domestic Partner* and Child(ren): \$2,000

Overall Benefit Maximums:

Bleaching of Teeth: \$500
Class IV Orthodontic Services: \$1,000

Covered dental expenses incurred for Class I Dental Services will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum.]

OR

[Benefit Maximums

	Network Plan	Out-of-Network Plan
Benefit Year Maximum:	\$1,000	\$1,000

Overall Benefit Maximums:

Bleaching of Teeth: \$500
Class IV Orthodontic Services: \$1,000

Amounts applied to the benefit maximums will apply to both the Network Plan and Out-of-Network Plan maximums.]

SCHEDULE (continued)

[Covered dental expenses incurred for Class I Network or Out-of-Network Dental Services will not be applied to the Benefit Year Maximum.]

OR

[Benefit Maximums:

	Network Plan	Out-of-Network Plan
Individual Benefit Year Maximum:	\$2,000	\$2,000
Family Share Benefit Year Maximum:		
Level of Coverage Elected:		
Employee and dependents:	\$2,000	\$2,000
Overall Benefit Maximums:		
Bleaching of Teeth:	\$500	\$500
Class IV Orthodontic Services:	\$1,000	\$1,000]

[Amounts applied to the benefit maximums will apply to both the Network Plan and Out-of-Network Plan maximums.]

Covered dental expenses incurred for Class I Network or Out-of-Network Dental Services will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum.]

14

SCHEDULE (continued)

15

[Waiting Periods]

There are waiting periods which must be fulfilled before benefits will be payable for specified dental services. Please see Waiting Period for Timely Applicants under the Special Limitations provision and the detailed list of waiting periods shown below.]

[Class II Basic Dental Services]

All Services	6 months]
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[Class II Basic Dental Services]

All Services under Diagnostic Services	6 months
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All Services under Endodontic Services	6 months
--	----------

All Services under Periodontal Non-surgical Services	6 months
--	----------

All Services under Periodontal Surgical Services	12 months
--	-----------

All Services under Oral Surgery Services	12 months
--	-----------

Stainless Steel Crowns under Other Basic Services	6 months
---	----------

All Services under Other Basic Services except Stainless Steel Crowns	12 months
--	-----------

Other Services under Restorative Services (Fillings)	12 months]
--	------------

[Class III Major Dental Services]

Inlay, Onlay, Crown Restorations	24 months
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Implant Services	24 months
------------------	-----------

Full and Partial Dentures (Removable)	24 months
---------------------------------------	-----------

Fixed Partial Dentures (Bridges)	24 months
----------------------------------	-----------

Repairs under Other Major Services	6 months
------------------------------------	----------

All Services under Other Major Services except Repairs	12 months]
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[Class III Major Dental Services]

All Services	12 months]
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[Class IV Orthodontic Dental Services]

All Services (Orthodontic Dental Services)	24 months]
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SCHEDULE (continued)

[Notice: This plan contains an *allowable charge* feature. The *allowable charge* is defined in the Definitions for Dental Insurance section. The amount that we will consider for payment under the *allowable charge* could be much lower than the actual fee charged by a *dentist* who is an *out-of-network provider*.

16

If you receive *treatment* from a *dentist* who is an *out-of-network provider*, you must pay the difference between the *dentist's* actual fee and the *allowable charge*. You must also pay any deductible and co-insurance amounts applicable to the Out-of-Network Plan.

Choosing to receive *treatment* from a *dentist* who is not a *network provider* may increase the amount you must pay for your *treatment*.]

[Discounts on dental care products are available. Please visit the For Members site at www.assurantemployeebenefits.com for details.]

17

[Vision Plan

A *covered person* is eligible for discounted vision services. The discounted vision services are provided through a third party vendor and are not covered under an insured plan. The discounted vision services offered include discounts on eye exams, prescription glasses, and services related to prescription contact lenses.]

[Plan Changes

18

You may change your plan of insurance only during the annual enrollment period agreed upon by the *policyholder* and us, unless you have a change in family status. A plan change made during the annual enrollment period will take effect on the next following policy anniversary.

You may also apply for or change your plan within 31 days of a change in family status. The effective date of the change will be the Entry Date occurring on or after the date of the request. You may only change your plan to add or remove coverage for dependents due to a change in family status, unless the change in family status coincides with the annual enrollment period.

A "change in family status" means your marriage or divorce, the establishment or termination of your domestic partnership, the birth or adoption of your child, the death of your spouse or *domestic partner* or child, the termination of employment of your spouse or *domestic partner*, or any other event specified in the *policyholder's* IRC Section 125 plan, if any.

The Waiting Period for Timely Applicants provision, if any, will apply to changes made by timely applicants during an annual enrollment period and due to a change in family status.

The Late Entrant Limitation provision, if any, will apply to any person who applies for insurance more than 31 days after the date the person first becomes eligible or after insurance ended because the premium was not paid. The Late Entrant Limitation provision, if any, will not apply to your child if application is made during any annual enrollment period occurring prior to the child's third birthday.]

OR

[Plan Changes

You may change your plan of insurance only during the annual enrollment period agreed upon by the *policyholder* and us, unless you have a change in family status. A plan change made during the annual enrollment period will take effect on the next following policy anniversary.]

SCHEDULE (continued)

18

[You may also apply for or change your plan within 31 days of a change in family status. The effective date of the change will be the Entry Date occurring on or after the date of the request. You may only change your plan to add or remove coverage for dependents due to a change in family status, unless the change in family status coincides with the annual enrollment period.

A "change in family status" means your marriage or divorce, the establishment or termination of your domestic partnership, the birth or adoption of your child, the death of your spouse or *domestic partner* or child, the termination of employment of your spouse or *domestic partner*, or any other event specified in the *policyholder's* IRC Section 125 plan, if any.

The Waiting Period for Timely Applicants provision, if any, will apply to changes made by timely applicants during an annual enrollment period and due to a change in family status.

The Late Entrant Limitation provision, if any, will apply to any person who applies for insurance more than 31 days after the date the person first becomes eligible or after insurance ended because the premium was not paid. The Late Entrant Limitation provision, if any, will not apply to any person who applies for insurance during the annual enrollment period.]

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS

Eligible [Participating Employers]

A [*participating employer*] will be eligible for insurance coverage for its [employees] if it satisfies the Eligibility and Participation Requirements below.

Eligibility Requirements

[An employer must:

- participate under *this trust*;
- be located in a state from which we will accept an application for insurance;
- be approved by us for coverage according to our underwriting rules in effect on the date of the application; and
- have at least 3 employees eligible for coverage.]

1

Participation Requirements

A [*participating employer*] must have the following number of [employees and dependents insured:

- For any *noncontributory* insurance, all of its employees and their dependents who are eligible for insurance must become insured.
- For any *contributory* insurance:
 - if a *participating employer* has less than 4 employees eligible for insurance, all of its employees and their eligible dependents must become insured.
 - if a *participating employer* has at least 4 but less than 8 employees eligible for insurance, all but 1 employee and his or her eligible dependents must become insured.
 - if a *participating employer* has 8 or more employees eligible for insurance, 75% of its employees and their eligible dependents must become insured.]

2

[Employees who have similar coverage as a dependent and dependents who have similar coverage as an employee will not be included to determine the above Participation Requirements.]

3

When a [Participating Employer's] Insurance Ends

The insurance coverage(s) for a [*participating employer*] and its [employees] will end [for the reasons stated below].

- Insurance will end if the *policy* ends.
- If a [*participating employer*] gives us advance written notice that insurance will end, the termination will occur on the later of the date stated in the notice or the date we receive it. In no event will the insurance continue after the grace period ends.

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS (continued)

- If any premium is not paid before the grace period ends, insurance will terminate when that period ends.
- If the *[participating employer]* fails to meet the Eligibility Requirements, the insurance will end immediately.
- If the *[participating employer:]*

fails to meet the Participation Requirements[; or

has less than 2 employees insured;]

4

we will notify the *[participating employer]* that the insurance will end. The insurance will end on the date stated in the notice. Notice will be given at least [31 days] before termination. We consider that notice is given when delivered or mailed to the last known address of the *[participating employer]*.

5

- [If we give the *participating employer* 31 days advance written notice that insurance will end, the termination will occur on the date stated in the notice.]

6

If the date insurance ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

[As used in this provision, the grace period is 31 days from any premium due date.]

7

ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE

1

Eligible Persons

To be eligible for insurance, [a person must:

- | be a member of an *eligible class*; and
- | complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that.]

Effective Date for an Eligible Person

2

[Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule.]

3

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium.]

4

- | [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule.]

5

- | [If the application is made on the date the person becomes eligible, or within 31 days after that, insurance will take effect on the Entry Date occurring on or after the date of the application.]

6

- | [If application is made more than 31 days after the day the person becomes eligible or after insurance ended because the premium was not paid, then *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply unless application is made during the annual enrollment period.]

7

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

8

Exception to Effective Date

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE (continued)

When a Person's Insurance Ends

9

Your insurance will end on [the earliest of:

- | the day the *policy* or *participating employer's* application ends;
- | the day the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | the last day of the month in which a person is no longer in an *eligible class*;
- | the last day of the month in which a person stops *active work*; or
- | the day a required contribution was not paid.]

OR

Your insurance will end [on the date:

- | the *policy* or *participating employer's* application ends;
- | the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | the person is no longer in an *eligible class*;
- | a person stops *active work*; or
- | a required contribution was not paid.]

OR

Your insurance will end [:

- | on the date the *policy* or *participating employer's* application ends;
- | on the date the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | on the last day of the billing period prior to the date a person is no longer in an *eligible class*;
- | on the last day of the billing period prior to the date in which a person stops *active work*; or
- | on the last day of the billing period prior to the date a required contribution was not paid.]

10

Re-entry

If a person re-enters an *eligible class* [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE

Eligible Dependents

1

Your *eligible dependents* are[:

- | your lawful spouse or *domestic partner*, and
- | your unmarried children who are less than age 19, or less than age 24 if a full-time student].

2

["Children" include any adopted children. A child will be considered adopted on the date the petition for adoption is filed if the insured applies for coverage within sixty days after the filing of the petition for adoption. Coverage shall begin from the moment of birth if the petition for adoption and application for coverage is filed within 60 days after the birth of the minor. Stepchildren and foster children and your *domestic partner's* children are also included if they depend on you for support and maintenance. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]

3

[An *eligible dependent* will not include any person who is a member of an *eligible class* and may not be covered under the *policy* by more than one person. However, if you and your spouse or *domestic partner* are both members of an *eligible class*, then one of you may request to be an *eligible dependent* of the other.]

4

Dependent Effective Date

[Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.]

- | [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule.]
- | [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.]
- | [If you apply more than 31 days after the dependent becomes eligible or after dependent insurance ended because the premium was not paid, *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply unless application is made during the annual enrollment period. The Late Entrant Limitation will not apply to a child if application is made during any annual enrollment period occurring prior to the child's third birthday.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

5

[If an *eligible dependent* is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will]

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE
(continued)

5

[automatically take effect at birth. Insurance will continue for 90 days. If you want insurance to continue for a newborn beyond 90 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 90-day period.]

When Dependent Insurance Ends

6

A dependent's insurance will end [on the earliest of:

- | the day the *policy* or *participating employer's* application ends;
- | the day the *policy* or *participating employer's* application is changed to end dependent insurance;
- | the last day of the month in which that dependent is no longer eligible;
- | the day your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | the day a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [on the date:

- | the *policy* or *participating employer's* application ends;
- | the *policy* or *participating employer's* application is changed to end dependent insurance;
- | that dependent is no longer eligible;
- | your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [:

- | on the date the *policy* or *participating employer's* application ends;
- | on the date the *policy* or *participating employer's* application is changed to end dependent insurance;
- | on the last day of the billing period prior to the date that dependent is no longer eligible;
- | on the last day of the billing period prior to the date your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | on the last day of the billing period prior to the date a required contribution for dependent insurance was not paid.]

SPECIAL INSURANCE CONTINUANCE PROVISIONS

1

Continuance of Insurance

The [*policyholder*] may elect to continue your insurance [and your dependent insurance, if any,] on a premium-paying basis if you are unable to perform *active work* for a reason shown below. You must remain in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below but may be a lesser time period as elected by the [*policyholder*]. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *dental insurance* is [the longest applicable period described below:

- | 12 months* for injury, sickness, or pregnancy;
- | 3 months* for temporary lay-off (only with the *policyholder's* expectation that you will resume *active work*), leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- | the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:
 - | the federal Family and Medical Leave Act; or
 - | any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the insurance is to be continued.]

2

Dependent Continuance

As specified below, dependent *dental insurance* may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the *policy*. Premiums are required for any coverage continued.

Physically or Mentally Handicapped Dependent Children

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- | is unable to earn a living because of physical or mental handicap; and
- | is chiefly dependent upon you for support and maintenance.

[We must receive notice of the above after the child attains the age limit.] There will be no increase in premium for this continued coverage.

Dependent *dental insurance* will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.

SPECIAL INSURANCE CONTINUANCE PROVISIONS (continued)

3

Students

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date the child is no longer a student until [the earliest of:

- | the end of the 3rd calendar month following the month in which the child is no longer a student;
- | the child's 24th birthday; and
- | the date the child becomes eligible for *other group dental expense coverage*].

Federal Continuance

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), a *covered person* may have the right to continue *dental insurance* coverage beyond the date insurance would otherwise terminate. You should contact [the *policyholder*] concerning your right to continue coverage.

4

DENTAL INSURANCE

Insurance Provided

We will pay benefits for covered dental expenses identified in the *policy* when incurred by a *covered person*. We will pay the coinsurance percentage shown in the Schedule after a *covered person* has satisfied any deductible required for the *benefit year*, subject to all the terms and conditions of the *policy*.

Covered dental expenses will only include *treatment* provided to a *covered person* for which, as outlined in the Covered Dental Expenses section, the date started and the date completed occur while the person is insured under the *policy*. No payment will be made for a program of dental *treatment* already in progress on the effective date of a person's insurance, except as stated in the Continuity of Coverage provision, if any. No payment will be made for dental *treatment* completed after a *covered person's* insurance under the *policy* ends, except as stated in the Extension of Benefits provision.

1

Network Provider Plan

We will provide the benefits of the *network provider plan*, as shown in the Schedule, for covered expenses incurred by a *covered person* if the *treatment* is provided by a *network provider*. A *covered person* must be identified as being insured under the *network provider plan* each time *treatment* is received, to obtain the benefits of the *network provider plan*. We will provide the benefits of the *out-of-network provider plan*, as shown in the Schedule, for covered dental expenses incurred by a *covered person* if the *treatment* is provided by a dental care provider who is not a participant in the *network provider plan*.

Deductible

The deductible is the amount shown in the Schedule and will be applied to each class of dental services as indicated in the Schedule. The deductible is the amount of covered dental expenses that each *covered person* must incur in a *benefit year* before we will pay benefits. When covered dental expenses equal to the deductible amount have been incurred and submitted to us, the deductible will be satisfied. We will not pay benefits for covered dental expenses applied to the deductible.

If the deductible amount is increased during a *benefit year*, further covered dental expenses must be incurred after the date of increase to satisfy the additional deductible for that *benefit year*.

2

The deductible will apply to each *covered person* separately each *benefit year* [except as stated in the Maximum Family Deductible section].

2

Maximum Family Deductible

The Maximum Family Deductible is shown in the Schedule. It indicates the number of persons in your *family unit* who must each satisfy an individual deductible in order to satisfy the family deductible. Once that number of persons has satisfied a deductible for a *benefit year*, we will consider the deductible to be satisfied for each person in your *family unit* for that *benefit year*. We will pay benefits for covered dental expenses incurred on or after the date the required number of persons has satisfied the deductible amount. [Expenses incurred for Class IV: Orthodontic Dental Services will not be applied to the family deductible.]

DENTAL INSURANCE (continued)

3

Carry Over Deductible

Covered dental expenses that were used to satisfy the deductible in the last [three months] of a *benefit year* will also be applied to the deductible for the next *benefit year*.

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is shown in the Schedule. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is [shown in the Schedule]. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

5

Individual Benefit Year Maximum

If you have no *covered dependents*, the Individual Benefit Year Maximum shown in the Schedule is the maximum benefit payable to you during a *benefit year*. This maximum will apply even if your coverage ends and starts again within the same *benefit year* or if you have been covered both as [an employee] and a dependent. Any amounts paid under the Family Share Benefit Year Maximum will be applied to the Individual Benefit Year Maximum if you terminate your *covered dependents* under the *policy* within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Individual Benefit Year Maximum.]

Family Share Benefit Year Maximum

If you have one or more *covered dependents*, the Family Share Benefit Year Maximum will apply to your *family unit*. The Family Share Benefit Year Maximum shown in the Schedule is the maximum benefit payable to your *family unit* either as an individual or as a combined *family unit* during a *benefit year*. Once the Family Share Benefit Year Maximum benefit has been paid during a *benefit year* to an individual or any combination of the *family unit*, there will be no further benefits payable for covered dental expenses incurred by any person in your *family unit* for the remainder of that *benefit year*. Any amounts paid under the *policy* will be applied to this maximum even if coverage for a *covered person* ends and starts again under the *policy* within the same *benefit year* or if a *covered person* has been covered both as [an employee] and a dependent. Any amounts paid under the Individual Benefit Year Maximum or the Family Share Benefit Year Maximum will be applied to the Family Share Benefit Year Maximum if you add or terminate one or more *covered dependents* to or from the *policy* or change from the Individual Benefit Year Maximum to the Family Share Benefit Year Maximum within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Family Share Benefit Year Maximum benefit.]

DENTAL INSURANCE (continued)

☐☐

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Benefit Year Maximum shown in the Schedule.

OR

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum shown in the Schedule.

Date Started and Date Completed

If the *policy* includes any of the following listed services, we consider a dental *treatment* to be started as follows:

- | for a full or partial denture, on the date the first impression is taken
- | for a fixed bridge, crown, inlay and onlay, on the date the teeth are first prepared
- | for root canal therapy, on the date the pulp chamber is first opened
- | for periodontal surgery, on the date the surgery is performed and
- | for all other *treatment*, on the date *treatment* is rendered

and we consider a dental *treatment* to be completed as follows:

- | for a full or partial denture, the date a final completed appliance is first inserted in the mouth
- | for a fixed bridge, crown, inlay and onlay, the date an appliance is cemented in place and
- | for root canal therapy, the date a canal is permanently filled.

7

[(See Class IV: Orthodontic Dental Services for start and completion dates for *orthodontic treatment*.)]

DENTAL INSURANCE (continued)

Covered Dental Expenses

8

Covered dental expenses include only the [lesser of the discounted amount agreed upon by the *network provider* under the *network provider plan*, the *dentist's* actual charge, or the *allowable charge* for expenses incurred by a *covered person*]. The *treatment* must be:

- | performed by or under the direction of a *dentist*, or performed by a *dental hygienist* or *denturist*
- | *dentally necessary* and
- | started and completed while a *covered person* is insured, except as otherwise provided in the Extension of Benefits provisions and Continuity of Coverage, if any.

Expenses submitted to us must identify the *treatment* performed in terms of the American Dental Association Uniform Code on Dental Procedures and Nomenclature or by narrative description. We reserve the right to request x-rays, narratives and other diagnostic information to determine benefits.

We will only pay benefits for covered dental expenses incurred for *treatment* which has a reasonably favorable prognosis for the patient.

We consider a temporary *treatment* to be an integral part of the final *treatment*. The sum of the fees for temporary and final *treatment* will be used to determine whether the charges are *allowable charges*.

Covered dental expenses are based on current dental terminology and are updated periodically. The most current dental terminology may not be reflected in the list of covered dental expenses. However, benefits will be payable based on the most current dental terminology.

The following is a complete list of covered dental expenses. We will not pay benefits for expenses incurred for any service not listed in the *policy*.

9

[Class I: Preventive Dental Services]

- | All oral evaluations, limited to [1 time in any 6-month period]
 - | [Intraoral complete series x-rays, including bitewings and 10 to 14 periapical x-rays, or panoramic film, limited to 1 time in any 60-month period]
 - | [Bitewing x-rays (two or four films), limited to 1 time in any 12-month period]
 - [Dental prophylaxis, limited to 1 time in any 12-month period]
- OR
- [Dental prophylaxis, limited to 1 time in any 6-month period (frequency combined with *periodontal maintenance procedure*). Total number of combined dental prophylaxis services and *periodontal maintenance procedures* not to exceed 4 in a 12-month period.]

DENTAL INSURANCE (continued)

9

- | [Genetic test for susceptibility to oral diseases, limited as follows:
 - | Limited to 1 test per lifetime and
 - | Limited to persons over age 18]
- | [Topical fluoride *treatment*, limited to:
 - | 1 time in any 6-month period and
 - | Covered *dependent* children less than age 14]
- | [Sealants, limited to:
 - o 1 time per tooth in any 36-month period
 - | Applications made to the occlusal surface of unrestored permanent molar teeth and
 - | Covered *dependent* children less than age 14]
- | [Space maintainers, including all adjustments made within 6 months of installation, limited to *covered dependent* children less than age 19]

10

[Class II: Basic Dental Services]

[Diagnostic Services]

- | [Intraoral periapical x-rays, limited to 4 films in any 12-month period]
- | [Intraoral occlusal x-rays, limited to 2 films in any 12-month period]
- | [Extraoral x-rays, limited to 1 film in any 6-month period]
- | [Accession and examination of tissue]

[Endodontic Services]

- | [Pulpotomy, limited to *covered dependent* children less than age 19]
- | Root canal therapy, including all pre-operative, operative and post-operative x-rays, canal preparation and fitting of preformed dowel or post, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care, limited to 1 time on the same tooth in any 24 month period (including teeth treated prior to the date the insurance takes effect under the *policy*)
- | Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care)]

DENTAL INSURANCE (continued)

10

| [Retrograde filling--per root

| Root amputation--per root]

| [Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy]

[Periodontal Non-surgical Services]

- [Periodontal scaling and root planing (per quadrant), limited to 1 time per quadrant of the mouth in any 24-month period. Benefits for prophylaxis and scaling and root planing, performed during the same appointment, will be based on the *allowable charge* for a prophylaxis. Benefits for scaling and root planing and *periodontal maintenance procedures*, performed during the same appointment, will be based on the *allowable charge* for *periodontal maintenance procedures*.]
- [Full mouth debridement, limited to once per lifetime]
- [*Periodontal maintenance procedure* (following active *treatment*), limited to 1 dental prophylaxis or 1 *periodontal maintenance procedure* in any 12-month period]

OR

- | [*Periodontal maintenance procedure*, limited to 1 *periodontal maintenance procedure* in any 3-month period (frequency combined with dental prophylaxis services). Total number of combined *periodontal maintenance procedures* and dental prophylaxis services not to exceed 4 in a 12-month period]
- [Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth by report, limited to 1 application per tooth in any 12-month period]

[Periodontal Surgical Services]

| [Periodontal related services as listed below, limited to:

| 1 time per quadrant of the mouth in any 36-month period with charges combined for each of these services performed in the same quadrant within the same 36-month period

- Gingivectomy
- Osseous surgery]

| [Osseous grafts, limited to *treatment* when periodontal disease is present, excludes grafting after extractions]

- [Guided tissue regeneration]

| [Pedicle grafts

| Tissue grafts]

DENTAL INSURANCE (continued)

10

[Oral Surgery Services]

| [Oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care

| Surgical extractions (including extraction of wisdom teeth)

| Alveoloplasty

| Vestibuloplasty

| Removal of lateral exostosis—maxilla or mandible

| Frenulectomy (frenectomy or frenotomy)

| Excision of hyperplastic tissue—per arch

o Orantral fistula closure]

[If more than one complex surgical procedure is performed per area of the mouth, only the most inclusive surgical procedure performed will be considered a covered dental expense.]

| [Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus]

| [Extraction, erupted tooth or exposed root (elevation and/or forceps removal)]

| [Biopsy]

| [Incision and drainage only if not performed on the same day as an extraction]

| [General anesthesia and intravenous sedation , limited as follows:

| Considered for payment as a separate benefit only when medically necessary and when administered in the *dentist's* office or outpatient surgical center in conjunction with complex oral surgery services which are covered under the *policy*;

However, the following exception applies:

considered for payment as a separate benefit if the provider treating the patient certifies that because of the patient's age, condition or problem, general anesthesia is required in order to safely and effectively perform the procedures, and the patient is:

- a *covered dependent* child under seven years of age who is determined by two *dentists* to require, without delay, necessary *treatment* for a significantly complex dental condition; or
- a *covered person* with a diagnosed serious mental or physical condition; or

a *covered person* with a significant behavioral problem as determined by the covered person's doctor.

| Benefits for general anesthesia will be based on the benefit allowed for the

DENTAL INSURANCE (continued)

corresponding intravenous sedation]

[Other Basic Services]

- [Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other *treatment* (except x-rays) is rendered during the visit]

| [Consultation, including specialist consultations, limited as follows:

| Considered for payment only if billed by a *dentist* who is not providing operative *treatment*]

10

| [Benefits will not be considered for payment if the purpose of the consultation is to describe the *dental treatment plan*]

| [Therapeutic drug injections]

| [Stainless steel crowns, limited to:

| 1 time in any 36-month period

| Teeth not restorable by an amalgam or composite filling and

| *Covered dependent* children less than age 19]

11

[Restorative Services (Fillings)]

| [Amalgam restorations (fillings), limited as follows:]

| [Multiple restorations on one surface will be considered a single filling

| Benefits for the replacement of an existing amalgam restoration will only be considered for payment if at least 24 months have passed since the existing amalgam restoration was placed

| Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

| Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

| [Composite restorations (fillings) on anterior teeth only, limited as follows:

| Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

| Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed

○ Benefits for composite restorations on posterior teeth will be based on the benefit allowed for the corresponding amalgam restoration

○ Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

DENTAL INSURANCE (continued)

OR

- | [Composite restorations (fillings), limited as follows:
 - | Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations
 - | Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed]
 - | [Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]
- | [Pin retention restorations, covered only in conjunction with an amalgam or composite restoration, pins limited to 1 time per tooth.]
- | [Silicate restorations (fillings)]

11

12

[Class III: Major Dental Services]

[Inlay, Onlay, and Crown Restorations]

- [Inlays and onlays
 - Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
 - | [Crowns, including porcelain crowns on anterior and posterior teeth OR including porcelain crowns on anterior teeth only (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)
 - | Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
- [Labial veneers (only for anterior teeth)
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
- | [Crown build-up, including pins and prefabricated posts]
- | [Post and core, covered only for endodontically treated teeth requiring crowns]

DENTAL INSURANCE (continued)

[Implant Services]

- | [Endosseous implants (including implant abutments), limited as follows:
 - Only one abutment will be covered per implant
 - Benefits for the replacement of an existing implant are payable only if the existing implant is:
 - more than 10 years old and]
 - [cannot be made serviceable]

12

[Full and Partial Dentures (Removable)]

- | [Full dentures (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows]
 - | [Limited to 1 time per arch unless
 - 10 years have elapsed since last replacement and
 - the denture cannot be made serviceable
 - | We will not pay additional benefits for personalized dentures or overdentures or associated *treatment*]
- | [Partial dentures, including any clasps and rests and teeth, (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows:
 - | Limited to 1 partial denture per arch unless
 - 10 years have elapsed since last replacement, unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and
 - the partial denture cannot be made serviceable
 - | There are no benefits for precision or semi-precision attachments]
- | [Each additional clasp and rest]
- | [Denture adjustments, limited to:
 - | 1 time in any 12 month period and
 - | Adjustments made more than 12 months after the insertion of the denture]
- | [Relining or rebasing dentures, limited to:
 - | 1 time in any 36-month period and
 - | Relining or rebasing done more than 12 months after the insertion of the denture]
- | [Tissue conditioning performed more than 12 months after the initial insertion of the denture]

DENTAL INSURANCE (continued)

[Fixed Partial Dentures (Bridges)]

[Fixed bridges, limited as follows (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)]

Limited to persons over age 16

Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge

– is more than 10 years old and]

12

– [cannot be made serviceable]

[unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and the extracted tooth was not an abutment to an existing bridge

A fixed bridge replacing the extracted portion of a hemisected tooth is not covered]

[Other Major Services]

[Repairs to or recementing of full or partial dentures, bridges, crowns and inlays, limited to repairs or adjustments performed more than 12 months after the initial insertion]

[Surgical and non-surgical temporomandibular joint (TMJ) *treatment* for myofascial pain syndrome, muscular, neural, or skeletal disorder, dysfunction or disease of the temporomandibular joint including *treatment* of the chewing muscles to relieve pain or muscle spasm, TMJ x-rays, and occlusal adjustments, limited as follows:

Coverage does not include an allowance for appliances for tooth movement or guidance, electronic diagnostic modalities, occlusal analysis, or muscle testing]

- [Occlusal guards, limited for the treatment of bruxism (grinding of teeth)]

- [Bleaching of teeth (whitening of teeth) prescribed and supervised by a *dentist*. This procedure includes all related services. Separate benefits are not allowed for related services on the same teeth. Covered expenses for this procedure are further limited to:

1 time per arch or per tooth in any 36-month period

Persons over age 16 and

The Overall Maximum Benefit for the Bleaching of Teeth shown in the Schedule]

[Class IV: Orthodontic Dental Services]

- | [Diagnostic x-rays, limited to x-rays for orthodontic purposes
- | Diagnostic casts, limited to casts made for orthodontic purposes
- | Surgical exposure of an impacted tooth, limited to services performed for orthodontic purposes
- | Orthodontic appliances for tooth guidance and
- | Fixed or removable appliances to correct harmful habits]

[Benefits for *orthodontic treatment* will be only be provided to *covered dependent* children.]

[Benefits for *orthodontic treatment* are not payable for expenses incurred for retention of orthodontic relationships. Benefits for *orthodontic treatment* are payable only for active *orthodontic treatment* for the services listed above.]

We will pay benefits for the orthodontic services listed above when the date started for the orthodontic service occurs while the person is insured under this *policy*. No payment will be made for *orthodontic treatment* if the appliances or bands are inserted prior to becoming insured, except as provided in the Continuity of Coverage. We consider *orthodontic treatment* to be started on the date the bands or appliances are inserted. Any other *orthodontic treatment* that can be completed on the same day it is rendered is considered to be started and completed on the date the *orthodontic treatment* is rendered.

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Benefit Year Maximum shown in the Schedule.]

OR

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Individual Benefit Year Maximum and the Family Share Benefit Year Maximum shown in the Schedule.]

We will make a payment for covered orthodontic services related to the initial *orthodontic treatment* which consists of diagnosis, evaluation, pre-care and insertion of bands or appliances. After the payment for the initial *orthodontic treatment*, benefits for covered orthodontic services will be paid in equal quarterly installments over the course of the remaining *orthodontic treatment*. The benefit payment schedule for the initial *orthodontic treatment* and quarterly installments will be determined as follows:

- We will determine the lesser of the *allowable charge* and the orthodontist's fee and multiply that amount by the co-insurance rate shown in the Schedule.
- The lesser of the amount from the bullet above or the Overall Benefit Maximum for orthodontic services shown in the Schedule will be the maximum benefit payable. An initial amount of [25%] of the maximum benefit payable will be paid for the initial *orthodontic treatment*. This amount will be payable as of the date appliances or bands

DENTAL INSURANCE (continued)

13

are inserted.

- The remaining [75%] of the maximum benefit payable will be divided by the number of quarters that *orthodontic treatment* will continue to determine the amount which will be payable for each subsequent quarter of *orthodontic treatment*. The subsequent quarterly payments will be made only if the person remains insured under this *policy* and provides proof to us that *orthodontic treatment* continues. If *orthodontic treatment* continues after the maximum benefit payable has been paid, no further benefits will be paid.

Pre-estimate

14

If the charge for any *treatment* is expected to exceed [\$300], we recommend that a *dental treatment plan* be submitted to us for review before *treatment* begins. An estimate of the benefits payable will be sent to the *covered person* and the *dentist*.

In estimating the amount of benefits payable, we will consider whether or not an alternate *treatment* may accomplish a professionally satisfactory result. If a *covered person* and the *dentist* agree to a more expensive *treatment* than that pre-estimated by us, we will not pay the excess amount.

The pre-estimate is not an agreement for payment of the dental expenses. The pre-estimate process lets a *covered person* know in advance approximately what portion of the expenses will be considered covered dental expenses by us.

Alternate Treatment

If an alternate *treatment* can be performed to correct a dental condition, the maximum covered dental expense we will consider for payment will be the most economical *treatment* which will produce a professionally satisfactory result. We will not provide a full payment, a partial payment, or an alternate *treatment* payment for any service that is not a covered dental expense.

15

[Special Limitations]

16

Waiting Period for Timely Applicants

If you apply for *dental insurance* [before or within 31 days] of the date a *covered person* becomes eligible, the person is a timely applicant. We will not pay benefits for any of the services listed under the Waiting Periods in the Schedule until the *covered person* has been continuously insured under the *policy* for the period of time listed in the Schedule for that type of service.

[If *orthodontic treatment* is started during the Waiting Period, only the portion of the *treatment* rendered after the end of the Waiting Period will be considered a covered dental expense. We will not pay for any Class I, II or III services for *treatment* started or completed during a waiting period.]

DENTAL INSURANCE (continued)

17

Late Entrant Limitation

If you apply for *dental insurance* more than [31 days] after a *covered person* first becomes eligible, the person is a late entrant. The benefits for the [first 24 months] of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
[Less than 6 months]	Class I Dental Services
At least 6 months but less than 12 months	Class I & Class II Restorative Services
At least 12 months but less than 24 months	Class I & all Class II Dental Services]

We will not pay for any *treatment* that is started or completed during the late entrant limitation period.

18

Missing Teeth Limitation

We will not pay benefits for replacement of teeth missing on a *covered person's* effective date of insurance under the *policy* for the purpose of the initial placement of a prosthetic device to replace a missing tooth. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:

- | The initial placement of full or partial dentures will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*.
- | The initial placement of a fixed bridge will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*. However, the following restrictions will apply:
 - | The replacement of an extracted tooth will not be considered a covered dental expense if it was an abutment to an existing prosthesis
 - | Benefits will only be paid for the replacement of the teeth extracted while a *covered person* was insured under the *policy*
 - | Benefits will not be paid for the replacement of other teeth which were missing on a *covered person's* effective date

General Exclusions

We will not pay benefits for expenses incurred for any of the following:

- *Treatment* or an appliance which
 - Is not included in the list of covered dental expenses
 - Is not *dentally necessary*]; except for the bleaching of teeth]
 - Is experimental in nature

19

DENTAL INSURANCE (continued)

- Is temporary in nature
- Does not have uniform professional endorsement
- *Treatment* related to procedures that are:
 - Part of a service but are not reported as separate services
 - Reported in a *treatment* sequence that is not appropriate
 - Misreported or that represent a procedure other than the one reported
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting
- Any *treatment* or appliance, the sole or primary purpose of which relates to
 - The change or maintenance of vertical dimension
 - The alteration or restoration of occlusion [except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder]
 - Bite registration
 - Bite analysis
 - Attrition or abrasion
- Replacement of a lost or stolen appliance or prosthesis
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions
- Completion of claim forms or missed dental appointments
- Personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards[, except supplies prescribed and dispensed by a *dentist* related to the bleaching of teeth (subject to the 36-month frequency limitation for the bleaching of teeth)]
- Administration of nitrous oxide or any other agent to control anxiety
- *Treatment* for a jaw fracture
- *Treatment* provided by a *dentist*, *dental hygienist*, or *denturist* who is
 - An *immediate family member* or a person who ordinarily resides with a *covered person*
 - [An employee] of the [policyholder]
 - A [policyholder]
- Hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery

20

21

DENTAL INSURANCE (continued)

19

- *Treatment* provided primarily for cosmetic purposes[, except for the bleaching of teeth]

22

- *Treatment* which may not reasonably be expected to successfully correct the person's dental condition for a period of at least [3 years]
- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling

23

- [Any *treatment* required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures]

24

- [*Treatment* for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and *treatment* of the implant]

25

- [*Treatment* for the prevention of bruxism (grinding of teeth)]

26

- [Orthodontic treatment]

27

- [*Treatment* performed outside the United States, except for *emergency dental treatment*. The maximum benefit payable to any person during a *benefit year* for covered dental expenses related to *emergency dental treatment* performed outside the United States is \$100.]
- *Treatment* or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law. A person must promptly claim and notify us of all such benefits.
- *Treatment* for which a charge would not have been made in the absence of insurance
- *Treatment* for which a *covered person* does not have to pay, except when payment of such benefits is required by law and only to the extent required by law

28

Extension of Benefits

If a *covered person's* insurance under the *policy* ends, we will extend benefits for any claim related to [non-orthodontic dental] *treatment* rendered on a specific tooth that began while insured under the *policy*. We will continue to pay benefits for covered dental expenses for such *treatment* that is rendered within [30 days] after the date insurance ends.

[If a *covered person's* insurance under the *policy* ends, benefits for *orthodontic treatment* will be paid only for covered dental expenses incurred while insured under the *policy* and only until the end of the quarter in which insurance ends.]

[Any extension of benefits will be subject to payment of the Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

OR

[Any extension of benefits will be subject to payment of the Individual Benefit Year Maximum, Family Share Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

DENTAL INSURANCE (continued)

28

This extension will not apply if the [*policyholder*] ends insurance and the *policy* is replaced with another plan of group dental insurance [within 30 days of the date the *policy* ends.]

CONTINUITY OF COVERAGE

Definitions

1

Prior plan means the [policyholder's] plan of group dental insurance, if any, under which you were insured on the day before the Effective Date of the [policy].

2

Continuity of Coverage for You

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If you[

| are at *active work* on the Effective Date of the *policy* and]

3

| apply for insurance before or within [31 days] of the Effective Date of the [policy],

2

you will be insured under this *policy*.

4

[If you are not at *active work* on the Effective Date of the *policy*,] you will be insured by us and will be provided the benefits of the *policy* until the earliest of:

5

- | the end of any period of continuance of the *prior plan*;
- | the date a required contribution, if any, was not paid; or
- | the date coverage ends, according to the provisions of the *policy*.

6

Continuity of Coverage for Your Dependents

If the *policy* replaces the *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If

- | the dependent is not in a hospital or similar facility on the Effective Date of the [policy], and
- | you apply for dependent insurance before or within [31 days] of the Effective Date of the [policy],

the dependent will be insured under the *policy*.

If the dependent is in a hospital or similar facility on the Effective Date of the [policy], the dependent will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- | the end of any period of continuance of the *prior plan*; or
- | the date a required contribution, if any, was not paid; or
- | the date coverage ends, according to the provisions of the *policy*.

CONTINUITY OF COVERAGE (continued)

7

Prior Extractions

If *treatment* is *dentally necessary* due to an extraction which occurred before the effective date of this coverage but while a *covered person* was covered under the *prior plan* and *treatment* would have been covered under the [policyholder's] *prior plan*, we will apply the Coverage for Treatment in Progress provision as stated below and consider expenses as follows:

- | the replacement of the extracted tooth must take place within 12 months of extraction; and
- | expenses must be covered dental expenses under this *policy* and the *prior plan*.

8

Waiting Periods and Late Entrant Limitations

If a *covered person*:

- | was covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*;
- | is eligible on the effective date of [this *policy*] for *dental insurance*; and
- you elect *dental insurance* for yourself [and your dependents] under this *policy* before or within [31 days] of the effective date of [this *policy*];

then any Waiting Period for Timely Applicants will be waived for any Class of dental services covered under the *prior plan* and this *policy*.

8

If a *covered person*:

- | was eligible but not covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*;
- | is eligible on the effective date of this *policy* for *dental insurance*; and
- | you apply for *dental insurance* for yourself and your dependents under this *policy* before or within [31 days] of the effective date of this *policy*, then

a *covered person* will be subject to the Late Entrant Limitation in the Special Limitations section.

Coverage for Treatment in Progress

If a *covered person* was covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*, we will pay benefits for any program of dental *treatment* already in progress on the effective date of [this *policy*] as stated below. However, the expenses must be covered dental expenses under this *policy* and the *prior plan*.

2

- | Extension of Benefits under Prior Plan

CONTINUITY OF COVERAGE (continued)

We will not pay benefits for *treatment* if:

- | the *prior plan* has an extension of benefits provision;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was completed during the extension of benefits.

No Extension of Benefits under Prior Plan

We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* if:

- | the *prior plan* has no extension of benefits when that plan terminates;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was completed while insured under this *policy*.

Treatment Not Completed during Extension of Benefits

We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* and during the extension if:

- | the *prior plan* has an extension of benefits;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was not completed during the *prior plan's* extension of benefits.

We will consider only the percentage of *treatment* completed beyond the extension period to determine any benefits payable under this *policy*.

9

Deductible Credit

We will credit this *policy's* deductible amount by the amount of covered dental expenses incurred by a *covered person* in the current *benefit year* and applied to covered dental expenses under the *prior plan's* deductible. You must supply us with proof that these expenses were incurred.

Maximum Benefit Credit

All paid benefits applied to the maximum benefit amounts under the *prior plan* will also be applied to the maximum benefit amounts under this *policy*.

10

If a *covered person* had orthodontic coverage under the [*policyholder's*] *prior plan* and you have orthodontic coverage under this *policy*, we will not pay benefits for orthodontic expenses unless:

- | you submit proof that the Overall Benefit Maximum for Class IV Orthodontic Services for this *policy* was not exceeded under the *prior plan*;
- | *orthodontic treatment* was started and bands or appliances were inserted while insured under the *prior plan*;

CONTINUITY OF COVERAGE (continued)

10

| payment was made for *orthodontic treatment* under the *prior plan*, and

| *orthodontic treatment* is continued while a *covered person* is insured under this *policy*.

If you submit the required proof, the maximum benefit for *orthodontic treatment* will be the lesser of this *policy's* Overall Benefit Maximum for Class IV Orthodontic Services or the *prior plan's* maximum benefit. The maximum benefit payable under this *policy* will be reduced by the amount paid or payable under the *prior plan*.

COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits (COB) provision applies when a *covered person* has dental care coverage under more than one *plan*. *Plan* is defined below. All of the benefits provided under the *policy* are subject to *this provision*.

Definitions

Allowable expense means a dental care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any *plan* covering the person. When a *plan* provides benefits in the form of services, the reasonable cash value of each service will be considered an *allowable expense* and a benefit paid. An expense that is not covered by any *plan* covering the person is not an *allowable expense*. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a *covered person* is not an *allowable expense*.

The following are examples of expenses that are not *allowable expenses*:

- If a *covered person* is covered by 2 or more *plans* that compute their benefit payments on the basis of:
 - *dentally necessary*, usual and customary fees; or
 - relative-value, schedule-reimbursement methodology; or
 - other similar reimbursement methodology,any amount in excess of the highest reimbursement amount for a specific benefit is not an *allowable expense*.
- If a *covered person* is covered by 2 or more *plans* that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an *allowable expense*.
- If a *covered person* is covered by one *plan* that calculates its benefits or services on the basis of:
 - *dentally necessary*, usual and customary fees; or
 - relative-value, schedule-reimbursement methodology; or
 - other similar reimbursement methodology; and
 - another *plan* that provides its benefits or services on the basis of negotiated fees;the *primary plan*'s payment arrangement will be the *allowable expenses* for all *plans*.

However, if the provider has contracted with the *secondary plan* to provide:

- the benefit or service for a specific negotiated fee; or
- payment amount that is different than the *primary plan*'s payment arrangement; and

COORDINATION OF BENEFITS (continued)

i if the provider's contract permits,

the negotiated fee or payment shall be the *allowable expenses* used by the *secondary plan* to determine its benefits.

- The amount of any benefit reduction by the *primary plan* because a *covered person* has failed to comply with the *plan* provisions is not an *allowable expense*. Examples of these types of *plan* provisions include:

i any required second opinion,

i some form of predetermination of *treatment*, and

i preferred provider arrangements.

Birthday refers only to month and day in a calendar year and does not include the year of birth.

Claim means a request that benefits of a plan be provided or paid. The benefits claimed may be in the form of:

- services (including supplies); or
- payment for all or a portion of the expenses incurred; or
- combination of services or expenses shown above; or
- indemnification.

Claim period means a calendar year. A *claim period* will not start before a person's effective date of insurance under *this plan* nor extend beyond the last day the person is covered under *this plan*.

Closed-panel plan is a *plan* that provides dental care benefits to a *covered person* primarily in the form of services through a panel of providers that

- have contracted with or are employed by the *plan*, and
- excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

Consolidated Omnibus Budget Reconciliation Act of 1985 or "COBRA" means coverage provided under a right of continuation compliant with federal law.

Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one-half of the calendar year excluding any temporary visitation.

1

Medicaid means Title XIX of the Social Security Act of 1965 as amended.

1

Plan means any of the following that provides benefits or services for dental care or *treatment*:

- Group [and non-group] insurance contracts, dental service prepayment coverage, or subscriber plans;
- Dental Maintenance Organization (DMO) contracts [or Health Maintenance Organization (HMO) contracts];

1

COORDINATION OF BENEFITS (continued)

1

- *Closed-panel plans* or other forms of group or group-type coverage, as permitted by law or regulation (whether insured or uninsured);
- Dental benefits under group or individual automobile contracts, as permitted by state law or regulation;] and
- Medicare or any other federal governmental plan, as permitted by law.

If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same *plan* and there is no COB among those separate contracts.

2

Plan does not include any of the following:

- [Hospital indemnity coverage or other fixed indemnity coverage;
- Accident-only coverage;
- Specified disease or specified accident coverage;
- Limited benefit health coverage, as defined by state law;
- School accident-type coverage;
- Benefits for non-dental services provided under long-term care coverage;
- Medicare supplement coverage;
- A state plan under Medicaid; or
- Coverage under a governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan.]

Each contract for coverage shown above is a separate *plan*. If a *plan* has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate *plan*.

Primary plan means the *plan* that pays or provides its benefits first, according to its terms of coverage and without regard to benefits under any other *plan*.

Except as provided below, a *plan* that does not contain a COB provision that is consistent with *this provision* is always the *primary plan* unless the provisions of both *plans* state that the *plan* with a COB provision is the *primary plan*.

Coverage that is obtained by virtue of membership in a group that is:

- designed to supplement a part of a basic package of benefits, and
- provides this supplementary coverage,

3

shall be excess to any other parts of the *plan* provided by the [*policyholder*].

An example of this type of situation is insurance-type coverage that is written in connection with a *closed-panel plan* to provide out-of-network benefits.

Secondary plan means the *plan* that determines its benefits after those of another *plan* and may reduce

COORDINATION OF BENEFITS (continued)

the benefits it pays so that all *plan* benefits do not exceed 100% of the total *allowable expenses* incurred by a *covered person* during the *claim period*.

This plan means the benefits provided by the *policy*. When there are more than two *plans*, *this plan* may be a *primary plan* to one or more other *plans*, and may be a *secondary plan* to a different *plan(s)*.

This provision means the provision for coordination between the benefits of *this plan* and other *plans*.

Other definitions that may apply to *this provision* appear in the Definitions provisions of this *policy*.

Order of Benefit Determination

When a *covered person* has dental care coverage under more than one *plan*, each *plan* determines its order of benefits using the first of the following rules that apply:

1. Non-Dependent or Dependent

The *plan* that covers the person other than as a dependent, e.g., as an employee, member, policyholder, subscriber or retiree is the *primary plan* and the *plan* that covers the person as a dependent is the *secondary plan*.

1

However, if

- a *covered person* is a Medicare beneficiary and,
 - as a result of federal law,
 - Medicare is secondary to the *plan* covering the person as a dependent; and
 - primary to the *plan* covering the person as other than a dependent (e.g., a retired employee or member);
- then, the order of benefits between the two *plans* is reversed so that
- the *plan* covering the person as an employee, member, policyholder, subscriber or retiree is the *secondary plan*, and
 - the other *plan* is the *primary plan*.

2. Dependent Child Covered Under More Than One Plan

Unless there is a court decree stating otherwise, when a dependent child is covered by more than one *plan* the order of benefits is determined as follows:

- For a *covered dependent* child whose parents are married or are living together, whether or not they have ever been married:
 - The *primary plan* is the *plan* of the parent whose *birthday* falls earlier in the calendar year; or
 - If both parents have the same *birthday*, the *primary plan* is the *plan* that has covered the parent the longest.

COORDINATION OF BENEFITS (continued)

4

- For a *covered dependent* child whose parents are divorced or separated or not living together, whether or not they have ever been married:
 - i If a court decree states that one of the parents is responsible for the dependent child's dental care expenses or dental care coverage and the *plan* of that parent has actual knowledge of those terms, that *plan* is the *primary plan*. This rule applies to *plan* years commencing after the *plan* is given notice of the court decree;
 - i If a court decree states that both parents are responsible for the *covered dependent* child's dental care expenses or dental care coverage, benefits will be determined according to the *birthday* rule described above;
 - i If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the dental care expenses or dental care coverage of the *covered dependent* child, benefits will be determined according to the *birthday* rule described above; or
 - i If there is no court decree allocating responsibility for the dependent child's dental care expenses or dental care coverage, the order of benefits for the child are as follows:
 - The *plan* covering the *custodial parent*;
 - The *plan* covering the spouse [or *domestic partner*] of the *custodial parent*;
 - The *plan* covering the non-*custodial parent*; and then
 - The *plan* covering the spouse [or *domestic partner*] of the non-*custodial parent*.
- For a *covered dependent* child covered under more than one *plan* of individuals who are not the parents of the child, benefits will be determined according to the *birthday* and longer or shorter rules, as if those individuals were the parents of the child.

5

[3.] Active Employee or Retired or Laid-off Employee

- The *primary plan* is the *plan* that covers a person as an active employee, e.g., an employee who is neither laid off nor retired.
- The *secondary plan* is the *plan* covering that same person as a retired or laid-off employee.

The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee.

If the other *plan* does not have this rule, and therefore, the *plans* do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rules described in item 1 above can determine the order of benefits.

COORDINATION OF BENEFITS (continued)

5

[4.]

COBRA or State Continuation Coverage

If a *covered person* has coverage provided under

- COBRA, or
- continuation provided by state or other federal continuation law, and

is covered under another *plan*, then

- the *primary plan* is the *plan* covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree, and
- the *secondary plan* is the plan providing coverage under COBRA, state or other federal continuation law.

If the other *plan* does not have this rule, and therefore, the *plans* do not agree on the order of benefits, this rule is ignored. This rule does not apply if the *birthday* rule can determine the order of benefits.

5

[5.]

Longer or Shorter Length of Coverage

- The *primary plan* is the *plan* that covered the person as an employee, member, policyholder, subscriber or retiree longer.
- The *secondary plan* is the *plan* that covered the person the shorter length of time.

If none of the rules described above determine the order of benefits, the *allowable expenses* shall be shared equally between the *plans* meeting the definition of *plan*. In addition, *this plan* will not pay more than it would have paid had it been the *primary plan*.

Effect on Benefits

When *this plan* is the *secondary plan*, it may reduce its benefits so that the total benefits paid or provided by all *plans* during a *claim period* are not more than the total *allowable expenses*.

In determining the amount to be paid for any *claim*, the *secondary plan* will calculate the benefits it would have paid in the absence of other dental care coverage and apply that calculated amount to any *allowable expense* under its *plan* that is unpaid by the *primary plan*. The *secondary plan* may then reduce its payment by the amount so that, when combined with the amount paid by the *primary plan*, the total benefits paid or provided by all *plans* for the *claim* do not exceed the total *allowable expense* for that *claim*.

In addition, the *secondary plan* shall credit to its *plan* deductible any amounts it would have credited to its deductible in the absence of other dental care coverage.

If a *covered person* is enrolled in two or more *closed-panel plans* and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one *closed panel plan*, COB shall not apply between that *plan* and other *closed-panel plans*.

If a *covered person* is covered by more than one dental benefit *plan*, the person should file all claims with each *plan*.

COORDINATION OF BENEFITS (continued)

Right to Receive and Release Needed Information

Certain facts about dental care coverage and services are needed to apply the rules of *this provision* and to determine benefits payable under *this plan* and other *plans*. We may get the facts we need from or give them to other organizations or persons for the purpose of:

- applying the rules of *this provision*; and
- determining benefits payable under this *plan* and other *plans* covering the person claiming benefits.

We need not tell, or get the consent of, any person to do this. Each person claiming benefits under *this plan* must give us any facts we need to apply those rules and determine benefits payable.

Facility of Payment

A payment made under another *plan* may include an amount that should have been paid under *this plan*. If it does, we may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under *this plan*. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If we pay more than we should have paid under *this provision*, we may recover the excess from one or more of the persons it has paid or for whom it has paid. Or, we may recover the excess from any other person or organization that may be responsible for the benefits or services provided for a *covered person*. The amount of the payments made includes the reasonable cash value of any benefits provided in the form of services.

CLAIM PROVISIONS FOR DENTAL INSURANCE

Payment of Benefits

We will pay benefits immediately upon receipt of all the required proof of covered loss.

To Whom Payable

If benefits have been assigned to the providers, we will pay dental benefits directly to the providers of dental services for *treatment* of a *covered person*. We will pay dental benefits to you, if benefits have not been assigned to the providers. After your death, we have the option to pay any benefits due to your spouse [or *domestic partner*], to the providers of the *treatment*, or to your estate.

1

2

Authority

The [*policyholder*] delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

1. The *covered person* or the *dentist* should send us notice of claim for dental *treatment*. We must have written notice of any insured loss [within 30 days] after it occurs, or as soon as reasonably possible. Notice can be sent to [our *home office*, one of our regional claims offices, or to one of our agents]. We need enough information to identify the *covered person*.

3

4

2. [Within 15 days] after the date of the notice, we will send the *covered person* certain claim forms. The forms must be completed and sent to [our *home office* or one of our regional claims offices]. If the claim forms are not received [within 15 days], we will accept a written description of the exact nature and extent of the loss.

5

5

4

3. The time limit for filing a claim is [90 days] after the date of the loss.

6

4. To decide our liability, we may require:

- | itemized bills,
- | proof of benefits from other sources, and
- | proof that the *covered person* has applied for all benefits from other sources, and that the *covered person* has furnished any proof required to get them.

For dental expenses, we may require additional information to determine our liability, including, but not limited to:

- | a complete dental charting indicating extractions, missing teeth, fillings, prosthesis, periodontal pocket depths, orthodontic relationship and the dates work was previously performed, and
- | preoperative x-rays, study models, laboratory and/or hospital reports.

CLAIM PROVISIONS FOR DENTAL INSURANCE (continued)

We will ask the *covered person* to authorize the sources of medical and dental services to release medical information. If the *covered person* does not furnish any required information or authorize its release, we will not pay benefits.

If it is not reasonably possible to give proof on time, we will not deny or reduce the claim if the *covered person* gives us proof as soon as reasonably possible.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least [60 days] after the *covered person* files proof of loss. No action can be brought after the statute of limitations has expired in the *covered person's* state, but, in any case, not after [3 years] from the date of loss.

7

Review Procedure

If a claim is denied, in whole or in part, the *covered person* may request that we review the denial. A written request for review must be made within [180 days] after notice of denial has been received. A court may not review a denial until our internal review has been completed. It is important that a request for a review is made on a timely basis.

8

A *covered person* has the right to see, upon request and free of charge, copies of all documents, records, and other information relevant to a claim for benefits. In connection with a request for a review of a denial, the *covered person* may submit written comments, documents, records and other information relating to a claim for benefits.

We will review a claim after receiving the request and any accompanying documentation, and send notice of our review decision within [30 days] after we receive the request, or within [60 days] if special circumstances require an extension. We will state the reasons for our review decision and refer to the relevant provisions of the *policy*. We will also advise the *covered person* of any further internal review procedures, if applicable.

8

Incontestability

The validity of the *policy* cannot be contested after it has been in force for [2 years], except if premiums are not paid.

7

In the absence of fraud, any statement made by the [*policyholder*] or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person*.

9

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for [2 years].

7

No claim for loss starting [2 or more years] after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

7

Overpayment

If a benefit is paid under the *policy* and it is later shown that no payment, or a lesser amount, should have been paid, we will be entitled to a refund from the provider or the *covered person* of any amounts that should not have been paid.

GENERAL PROVISIONS

Entire Contract

The *policy*, including certificate(s) of group insurance, any amendments and/or endorsements and the *policyholder's* application attached to it are the entire contract.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about a person or the [*policyholder's*] plan is misstated on an application or if it is altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

1

Certificates

We will send certificates to the [*policyholder*] to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

1

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder* [, any employer, any *associated company*], nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

2

GENERAL PROVISIONS (continued)

Changing the Policy

The *policyholder* owns the *policy*. The *policy* may be changed at any time by an endorsement or amendment agreed upon by the *policyholder* and us. [The *policy* may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the *policy* or when we are required to change the *policy*.] A change must be approved by one of our executive officers. No agent can change the *policy* or waive any of its provisions.

1

Required Data

2

The [policyholder] must give us all data needed to administer the insurance and determine premiums. The [policyholder] must also give us any other information we require. We may inspect the [policyholder's] records relating to the insurance provided by the *policy*.

Policyholder's Assignment

The *policyholder* may assign the *policy*. This will not affect the rights of a *covered person*. We will not be responsible for the validity of any assignment. We must receive written notice of an assignment at our *home office*.

When the Policy Ends

The *policy* will end on [the earliest of the following dates]:

3

- 4 [the date] the grace period ends, if the premium has not been paid; or
- 5 [the date we cancel the *policy*, after giving the *policyholder* 31 days written notice; or]
- 4 [the date] we receive written notice from the *policyholder*, or the date shown in the notice, whichever is later.

The *policy* will also end [if the Minimum Participation Requirements shown in the Schedule are not met].

6

If the Minimum Participation Requirements are not met, we will notify the *policyholder* [31 days] in advance that insurance will end. We consider that notice is given when delivered or mailed to the last known address of the *policyholder*.

7

If the date the *policy* ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

PREMIUMS

Premium Payments

- 1 The [policyholder] must pay all premiums [in advance] at our *home office* or to one of our agents [or administrators]. The [policyholder] may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such *policy*.
- 2

Grace Period

- 3 If any premium is not paid when due, the *policy* will be in default on that date. The [policyholder] has a grace period of [31 days] after that date to pay the premium. In any case, the [policyholder] must pay the premium for coverage in force during the grace period.

Calculation of Premiums

- The first premium is due on the effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance. We will furnish premium rates to the [policyholder] with an explanation of how to apply them.
- 4

Our Right to Change Premium Rates

We may change the premium rate:

- 5
- after [the first policy anniversary]; or
 - at any time that our risk changes.

- 6 [The first premium rate adjustment, if any, on the first policy anniversary will not be more than 9%.]

Unless our risk changes:

- we will not change the rates more than once in any period of [12 consecutive months]; and 7
- we will give the [policyholder 31 days] advance written notice of an increase in rates. 8

AMENDMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Amendment form. This Amendment is to be attached to and made a part of the *policy* listed below. No other changes are made by this Amendment to the *policy* listed below.

Policy Number: [G 0,000,000] 1

Policyholder: [ABC Company] 2

[Participation Number: 0] 3

[Participating Employer: DEF Company] 4

Insurance Provided: Group Dental Insurance[– *Contributory*] 5
[Group Dental Insurance for Dependents – *Contributory*]

Effective Date: [November 1, 2012] 6

7

[signature] [signature]

[Secretary] [Executive Vice-President]

8

[If this Amendment is unacceptable,] [p]lease sign below and return this form to Union Security Insurance Company, [2323 Grand Blvd., Kansas City, MO 64108] [, within 90 days of November 1, 2012].

11

[IF THIS AMENDMENT IS ACCEPTABLE, NO ACTION IS REQUIRED BY YOU. YOUR LACK OF RESPONSE CONSTITUTES ACCEPTANCE.]

13

By our signature below, we [decline] [accept] this Amendment:

12

[Policyholder] _____

By _____
Title

Date _____

9

Union Security Insurance Company [2323 Grand Boulevard Kansas City, MO 64108-2670]

9

10

AMENDMENT (continued)

[Effective November 1, 2012, the *policy* is amended as follows:]

14

ENDORSEMENT

Union Security Insurance Company agrees to the provisions described in this and the following pages of this Endorsement form. This Endorsement is to be attached to and made a part of the Certificate you received under the *policy* issued to the *policyholder* listed below. No other changes are made by this Endorsement to the Certificate.

Policy Number:

[G 0,000,000]

1

Policyholder:

[ABC Company]

2

[Participation Number:

001,001]

3

[Participating Employer:

DEF Company]

4

Insurance Provided:

Group Dental Insurance[– *Contributory*]

[Group Dental Insurance for Dependents – *Contributory*]

5

Effective Date:

[November 1, 2012]

6

[This Should be Distributed to Current Persons Fitting This Class Description:]

7

[All employees]

**PLEASE KEEP THIS ENDORSEMENT
WITH YOUR CERTIFICATE INFORMATION**

[signature]

8

[Assistant Secretary]

Union Security Insurance Company

[2323 Grand Boulevard Kansas City, MO 64108-2670]

9

ENDORSEMENT (continued)

[This Endorsement is part of the Certificate you received under the *policy* issued to the *policyholder* by Union Security Insurance Company.]

10

[Effective November 1, 2012, the Certificate is endorsed as follows:]

11

APPLICATION

to Union Security Insurance Company

by [ABC Company]

1

for group policy no. [G 0,000,000]

2

This application is executed in duplicate. One copy is to be attached to the *policy*. The other is to be returned to Union Security Insurance Company.

It is agreed that this Application replaces any prior application for the *policy*.

3

[10 or more lives] must be insured on the Effective Date of the *policy*. [In addition, the number of lives to be insured on that date must be 20% of those eligible for insurance at that time.] [Persons participating in the *policyholder's* other dental plan(s) issued by us will be counted toward the participation requirements under this *policy*.]

4

5

1

[ABC Company, Inc.]

(Full or Corporate Name of Applicant)

by

(Signature and Title)

Signed at

Date

Witness

(To be signed by Resident Agent where required by law)

[This copy is to remain attached to the *policy*.]

6

[This copy is to be returned to the *home office*.]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670]

7

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	09/28/2011
Comments:		
Attachment:		
AR - READABILITY CERTIFICATION.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Sample Generic Certificate	Approved-Closed	09/28/2011
Comments:		
Attachment:		
GC-12 Den w boxes Final 04_11_2011.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Statement of Variations	Approved-Closed	09/28/2011
Comments:		
Attachment:		
AR #GP-12 et al - SOV Listing.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Sample Generic Policy	Approved-Closed	09/28/2011
Comments:		
Attachment:		
GP-12 Den w boxes Final 04_11_2011.PDF		

	Item Status:	Status
		Date:
Satisfied - Item: Cover Ltr	Approved-Closed	09/28/2011
Comments:		

SERFF Tracking Number: ASWX-G127629415 State: Arkansas
Filing Company: Union Security Insurance Company State Tracking Number: 49823
Company Tracking Number: AR01396FB00031
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Group Indemnity Dental
Project Name/Number: Group Indemnity Dental/AR01396FB00031

Attachment:

AR Den Filing letter.PDF

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	09/28/2011
Comments: Form App Pol Den is included with this filing.		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC TRANSMITTAL DOCUMENT	Approved-Closed	09/28/2011
Comments:		
Attachment: AR - NAIC TRANSMITTAL DOCUMENT.PDF		

	Item Status:	Status Date:
Satisfied - Item: AR - NAIC FORM FILING ATTACHMENT	Approved-Closed	09/28/2011
Comments:		
Attachment: AR - NAIC FORM FILING ATTACHMENT.PDF		

STATE OF ARKANSAS
READABILITY CERTIFICATION

COMPANY NAME: Union Security Insurance Company

This is to certify that the form(s) referenced below has achieved a Flesch Reading Ease Score as indicated below and complies with the requirements of Ark. Stat. Ann. Section 66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form Number	Score
GP-12 Den PFP	55.52
GC-12 Den CFP	65.41
Ben Note Den	71.48
Ben Info	51.66
TOC Den	0
Def Gen Den	66.73
Den Def	53.24
Sum Den	52.3
Schd Den	0
ETPT Den	57.89
ETP Den	67.06
DETP Den	55.25
Cont Den	54.89
Den BP AR	51.17
COC Den	63.8
COB Den	52.8

STATE OF ARKANSAS
READABILITY CERTIFICATION

Form Number	Score
CIm Pro Den	54.68
Gen Pro Den	51.09
PGen Pro Den	74.8
Premium Den	66.98
Amd Den	68.54
Cend Den	54.61
App Pol Den	66.76

Signed: *Elizabeth A. Herbert*
Name: Elizabeth Herbert
Title: Vice President, Compliance

Date: 9/15/11

CERTIFICATE OF
GROUP DENTAL INSURANCE

1 **Union Security Insurance Company** certifies that the insurance stated in this Certificate became effective on the Effective Date shown [in your Benefit Information form]. In the event of a discrepancy between the certificate and the policy provisions, then the policy provisions will control. The *policy* is a legal contract between Union Security Insurance Company and the *policyholder*.

Union Security Insurance Company is domiciled in the State of [Kansas].

2

Policyholder: [ABC Company]

3

[Participating Employer: DEF Company]

4

Group Policy Number: [0,000,000]

5

[Participation Number: 111,111]

6

[Account Number 00]

7

[Covered Person: John Jones]

8

[Covered Person's Number: 0001]

9

[Effective Date: For any dental expenses incurred on or after November 1, 2012].

10

Type of Insurance: Group Dental Insurance [– *Contributory/Noncontributory*]

[Group Dental Insurance for Dependents – *Contributory/Noncontributory*]

11

READ YOUR CERTIFICATE CAREFULLY. This cover page provides only a brief outline of some of the important features of your coverage. This cover page is not the insurance contract. The *policy* sets forth, in detail, the rights and obligations of both the *policyholder* and the insurance company. IT IS THEREFORE IMPORTANT THAT YOU READ YOUR CERTIFICATE.

This Certificate replaces any and all Certificates and Certificate Endorsements, if any, previously issued to you.

[signature]

12

[President and
Chief Executive Officer]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670]

13

The insurance in this Certificate is not in force unless accompanied by form Ben Info which names you as the *covered person* and includes the Type of Coverage and Effective Date of Coverage. Any coverage not listed on form Ben Info, even though described in this Certificate, does not apply to you.

The insurance in this Certificate is
not in force unless accompanied by form
Ben Info.

TABLE OF CONTENTS

[GENERAL DEFINITIONS	5
DEFINITIONS FOR DENTAL INSURANCE	6
SUMMARY OF GROUP DENTAL INSURANCE	9
SCHEDULE.....	10
ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE.....	17
Eligible Persons.....	17
Effective Date for an Eligible Person.....	17
Exception to Effective Date	17
When a Person's Insurance Ends	18
Re-entry	18
DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE ...	19
Eligible Dependents.....	19
Dependent Effective Date.....	19
Exception to Dependent Effective Date.....	19
When Dependent Insurance Ends	20
SPECIAL INSURANCE CONTINUANCE PROVISIONS.....	21
Continuance of Insurance.....	21
Dependent Continuance.....	21
Physically or Mentally Handicapped Dependent Children	21
Students	22
Federal Continuance	22
DENTAL INSURANCE	23
Insurance Provided.....	23
Network Provider Plan.....	23
Deductible.....	23
Maximum Family Deductible	23
Carry Over Deductible	24
Individual Benefit Year Maximum	24
Family Share Benefit Year Maximum	24
Maximum Benefit for Temporomandibular Joint (TMJ) Treatment.....	25
Maximum Benefit for Bleaching of Teeth	25
Date Started and Date Completed	25
Covered Dental Expenses.....	26
Class I: Preventive Dental Services.....	26
Class II: Basic Dental Services.....	27
Class III: Major Dental Services.....	31
Class IV: Orthodontic Dental Services.....	34
Pre-estimate	35
Alternate Treatment.....	35
Special Limitations.....	35
Waiting Period for Timely Applicants	35
Late Entrant Limitation	36
Missing Teeth Limitation	36
General Exclusions.....	38
Extension of Benefits.....	38
CONTINUITY OF COVERAGE	40
Definitions	40
Continuity of Coverage for You	40
Continuity of Coverage for Your Dependents.....	40
Prior Extractions	41
Waiting Periods and Late Entrant Limitations	41
Coverage for Treatment in Progress	41
Deductible Credit	42
Maximum Benefit Credit	42]

TABLE OF CONTENTS (continued)

[COORDINATION OF BENEFITS	44
Applicability.....	44
Definitions.....	44
Order of Benefit Determination.....	47
Effect on Benefits	49
Right to Receive and Release Needed Information	50
Facility of Payment	50
Right of Recovery	50
CLAIM PROVISIONS FOR DENTAL INSURANCE	52
Payment of Benefits	52
To Whom Payable	52
Authority.....	52
Filing a Claim	52
Limit on Legal Action	52
Review Procedure	52
Incontestability	52
Overpayment	52]

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

[*Active work* means the expenditure of time and energy for the *policyholder* or *participating employer* or an *associated company* at your usual place of business on a *full-time* basis.]

1

[*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder* or *participating employer*.]

2

[*Contributory* means you pay part or all of the premium.]

3

[*Covered dependent* means an *eligible dependent* who is insured under the *policy*.]

4

Covered person means an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage. [It also includes any *covered dependent*.]

5

[*Domestic partner* means a person defined in the *policyholder's* Declaration of Domestic Partnership agreement.]

6

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on [employment or membership in a group].

7

[*Full-time* means working at least 20 hours per week, unless indicated otherwise in the *policy*.]

8

Home office means [our office in Kansas City, Missouri].

9

[*Noncontributory* means the *policyholder* or *participating employer* pays the premium.]

10

[*Part-time* means working at least 15 hours per week, unless indicated otherwise in the *policy*.]

11

[*Participating employer* means an employer who has met all the eligibility requirements.]

12

Policy means all:

- policy provisions;
- certificate(s) of group insurance;
- amendments;
- endorsements; and
- the *policyholder's* application attached to the *policy*;

issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

[*This trust* means the ABC Trust.]

13

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage.

14

DEFINITIONS FOR DENTAL INSURANCE

[*Allowable charge* means a charge that is based on the general level of charges made by other providers in the area for like *treatment*. Our determination of what is an *allowable charge* is final for the purpose of determining benefits payable under the *policy*.]

1

OR

[*Allowable charge* means:

- For a covered dental service rendered by a *network provider*, the *allowable charge* is based on an amount that the *network provider* has agreed to accept.
- For a covered dental service rendered by an *out-of-network provider*, the *allowable charge* is the reasonable charge. The reasonable charge is the charge made by other providers in the area for like *treatment*. Our determination of what is an *allowable charge* or reasonable charge is final for the purposes of determining benefits payable under the *policy*.]

OR

[*Allowable charge* means:

- For a covered dental service rendered by a *network provider*, the *allowable charge* is based on an amount that the *network provider* has agreed to accept.
- For a covered dental service rendered by an *out-of-network provider*, the *allowable charge* will not exceed the amount which is 20% less than the 80th percentile of the amount charged by other providers in the area for like *treatment*.

Our determination of what is an *allowable charge* is final for the purpose of determining benefits payable under the *policy*.]

Benefit year means [a calendar year beginning on January 1 of any year and ending on December 31 of that year].

2

Dental hygienist means an individual who is licensed to practice dental hygiene and acting under the supervision of a *dentist* within the scope of that license in treating the dental condition.

Dental insurance means the group dental insurance under the *policy* issued by us to the *policyholder*.

Dentally necessary and dental necessity mean a service or *treatment* which is appropriate with the diagnosis and which is in accordance with accepted dental standards. The service or *treatment* must be essential for the care of the teeth and supporting tissues.

Dental treatment plan means the *dentist's* report of recommended *treatment* which contains:[

- | a list of the charges and dental procedures required for the *dentally necessary* care;
- | any supporting pre-operative x-rays; and
- | any other appropriate diagnostic materials required by us].

3

DEFINITIONS FOR DENTAL INSURANCE (continued)

Dentist means an individual who is licensed to practice dentistry and acting within the scope of that license in treating the dental condition.

Denturist means an individual who is licensed to make dentures and acting within the scope of that license in treating the dental condition.

Emergency dental treatment means any *dentally necessary treatment* that is rendered as the direct result of unforeseen events or circumstances which require prompt attention.

Family unit means you and your *covered dependents*.

Functioning natural tooth means a *natural tooth* which is performing its normal role in the chewing process in the person's upper or lower arch and which is opposed in the person's other arch by another *natural tooth* or prosthetic replacement.

Immediate family member means a person who is related to the *covered person* in any of the following ways: parent, spouse, *domestic partner*, child, brother, sister, grandparent or grandchild.

Natural tooth means any tooth or part of a tooth that is organic and formed by the natural development of the body. Organic portions of the tooth include the crown enamel and dentin, the root cementum and dentin, and the enclosed pulp.

Network provider means a *dentist* who is a participant in the *network provider plan*.

Network provider plan means the dental care delivery system in which *network providers* participate and under which we provide certain dental benefits.

4

Orthodontic treatment means the corrective movement of teeth through the bone by means of an active appliance to correct a handicapping malocclusion (a malocclusion severely interfering with a person's ability to chew food) of the mouth. We will make the determination of the severity of the malocclusion.

5

Other group dental expense coverage means:

- | any other group policy providing benefits for dental expenses; or
- | any plan providing dental expense benefits (whether through a dental services organization or other party providing prepaid health or related services) which is arranged through any employer or through direct contact with persons eligible for that plan.

6

[*Out-of-network provider* means a *dentist* who is not a participant in the *network provider plan* at the time covered dental services are provided.]

[*Out-of-network provider plan* means the plan under which we provide certain dental benefits for services received from an *out-of-network provider*.]

7

DEFINITIONS FOR DENTAL INSURANCE (continued)

Periodontal maintenance procedures mean recall procedures for patients who have undergone either surgical or non-surgical *treatment* for periodontal disease. The procedures [include examination, periodontal evaluation and any further scaling and root planing that is *dentally necessary*].

8

Treatment means any dental consultation, service, supply, or procedure that is needed for the care of the teeth and supporting tissues.

SUMMARY OF GROUP DENTAL INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Dental Insurance

We pay benefits if a *covered person* incurs covered dental expenses in excess of the deductible amount. The benefit and deductible may vary according to procedure. The *policy* explains which dental expenses receive limited or no benefits. [In addition, waiting periods may apply to some procedures.]

1

If a *covered person* has more than one dental expense plan, benefits from us may be reduced so that all benefits received are not more than the actual expenses.

**Please read
the following pages
carefully.**

SCHEDULE

1

[Eligible Class: For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,

2

- who is at active work, and
 - who is working in the United States of America,
- except any
- temporary or seasonal worker, or
 - any person enrolled in the low plan.]

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

[If a person in an *eligible class* has refused coverage as reflected in either our or the *policyholder's* or *associated company's* books and records, that person will not be covered. The person may become insured at a later date, but he or she will be subject to the Late Entrant Limitation as it appears in the Special Limitations section.]

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

3

[Associated Companies: None]

4

[Present Service Requirement: None]

5

[Future Service Requirement: None]

[Entry Date: An eligible person will become insured on the day all eligibility requirements are met.]

6

OR

[Entry Date: An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first day of the billing period occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first of the month occurring after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the Effective Date of the *policy*, or the January 1 occurring on or after the day all eligibility requirements are met.]

[Effective Date of Insurance

7

The dental insurance provisions of the certificate are effective for any dental expenses incurred on or after November 1, 2012 (subject to Entry Date).]

[Minimum Participation Requirements:]

[Number: 3]

[Percentage: 20% for employee insurance]

8

[Note: Persons participating in the *policyholder's* other dental plan(s) issued by us will be counted toward the participation requirements under this *policy*.]

9

SCHEDULE (continued)

Dental Insurance

[An eligible person must elect coverage under either the High Plan or the Low Plan at the time the person applies for insurance.]

[SCHEDULE HIGH PLAN]

Deductible Amount Per Benefit Year

Individual Deductible Amount:
[for Class I, II, III Dental Services: \$50]
[Individual Deductible Amount
for Class IV Services: \$0]
[Maximum Family
Deductible: 3 persons individually]

[The Individual Deductible does not apply to Class I.]

OR

Deductible Amount Per Benefit Year

	[Network Plan]	[Out-of-Network Plan]
Individual Deductible Amount:		
[for Class I, II, III Dental Services:	\$50	\$50]
[Individual Deductible Amount for Class IV Services:	\$0	\$0]
[Maximum Family Deductible:	3 persons individually	3 persons individually]

[The Individual Deductible does not apply to Class I Network or Out-of-Network Dental Services.]

[Covered dental expenses incurred toward the deductible amount apply to both the Network and Out-of-Network Plans.]

[Coinsurance Percentages

Class I Preventive Services:	100%
Class II Basic Services:	90%
Class III Major Services:	50%
Class IV Orthodontic Services:	50%]

OR

[Coinsurance Percentages

Coinurance Percentage Per Person Per Individual <i>Benefit Year</i>	Class I	Dental Services Class II	Class III	Class IV
During the 1 st Year	100%	80%	10%	50%
During the 2 nd Year	100%	80%	25%	50%
Thereafter:	100%	80%	50%	50%]

OR

SCHEDULE (continued)

[Coinsurance Percentages

	Network Plan	Out-of-Network Plan
Class I Preventive Services:	100%	100%
Class II Basic Services:	90%	80%
Class III Major Services:	50%	50%
Class IV Orthodontic Services:	50%	50%]

13

[Benefit Maximums

Benefit Year Maximum: \$1,000

Overall Benefit Maximums:

Temporomandibular joint treatment:	\$1,000
Bleaching of Teeth:	\$500
Class IV Orthodontic Services:	\$1,000

Covered dental expenses incurred for Class I Dental Services will not be applied to the Benefit Year Maximum.]

14

OR

[Benefit Maximums

Individual Benefit Year Maximum: \$1,000

Family Share Benefit Year Maximum:

Level of Coverage Elected:	
Employee and Spouse/ <i>Domestic Partner</i> :	\$1,500
Employee and Child(ren):	\$1,500
Employee, Spouse/ <i>Domestic Partner</i> and Child(ren):	\$2,000

Overall Benefit Maximums:

Temporomandibular joint treatment:	\$1,000
Bleaching of Teeth:	\$500
Class IV Orthodontic Services:	\$1,000

Covered dental expenses incurred for Class I Dental Services will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum.]

OR

[Benefit Maximums

	Network Plan	Out-of-Network Plan
Benefit Year Maximum:	\$1,000	\$1,000
Overall Benefit Maximums:		
Temporomandibular joint treatment:	\$1,000	\$1,000
Bleaching of Teeth:	\$500	\$500
Class IV Orthodontic Services:	\$1,000	\$1,000

Amounts applied to the benefit maximums will apply to both the Network Plan and Out-of-Network Plan maximums.]

SCHEDULE (continued)

[Covered dental expenses incurred for Class I Network or Out-of-Network Dental Services will not be applied to the Benefit Year Maximum.]

OR

[Benefit Maximums:

	Network Plan	Out-of-Network Plan
Individual Benefit Year Maximum:	\$2,000	\$2,000
Family Share Benefit Year Maximum:		
Level of Coverage Elected:		
Employee and dependents:	\$2,000	\$2,000
Overall Benefit Maximums:		
Temporomandibular joint treatment:	\$1,000	\$1,000
Bleaching of Teeth:	\$500	\$500
Class IV Orthodontic Services:	\$1,000	\$1,000]

[Amounts applied to the benefit maximums will apply to both the Network Plan and Out-of-Network Plan maximums.]

Covered dental expenses incurred for Class I Network or Out-of-Network Dental Services will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum.]

14

SCHEDULE (continued)

15

[Waiting Periods]

There are waiting periods which must be fulfilled before benefits will be payable for specified dental services. Please see Waiting Period for Timely Applicants under the Special Limitations provision and the detailed list of waiting periods shown below.]

[Class II Basic Dental Services]

All Services	6 months]
--------------	-----------

[Class II Basic Dental Services]

All Services under Diagnostic Services	6 months
--	----------

All Services under Endodontic Services	6 months
--	----------

All Services under Periodontal Non-surgical Services	6 months
--	----------

All Services under Periodontal Surgical Services	12 months
--	-----------

All Services under Oral Surgery Services	12 months
--	-----------

Stainless Steel Crowns under Other Basic Services	6 months
---	----------

All Services under Other Basic Services except Stainless Steel Crowns	12 months
--	-----------

Other Services under Restorative Services (Fillings)	12 months]
--	------------

[Class III Major Dental Services]

Inlay, Onlay, Crown Restorations	24 months
----------------------------------	-----------

Implant Services	24 months
------------------	-----------

Full and Partial Dentures (Removable)	24 months
---------------------------------------	-----------

Fixed Partial Dentures (Bridges)	24 months
----------------------------------	-----------

Repairs under Other Major Services	6 months
------------------------------------	----------

All Services under Other Major Services except Repairs	12 months]
---	------------

[Class III Major Dental Services]

All Services	12 months]
--------------	------------

[Class IV Orthodontic Dental Services]

All Services (Orthodontic Dental Services)	24 months]
--	------------

SCHEDULE (continued)

[Notice: This plan contains an *allowable charge* feature. The *allowable charge* is defined in the Definitions for Dental Insurance section. The amount that we will consider for payment under the *allowable charge* could be much lower than the actual fee charged by a *dentist* who is an *out-of-network provider*.

16

If you receive *treatment* from a *dentist* who is an *out-of-network provider*, you must pay the difference between the *dentist's* actual fee and the *allowable charge*. You must also pay any deductible and co-insurance amounts applicable to the Out-of-Network Plan.

Choosing to receive *treatment* from a *dentist* who is not a *network provider* may increase the amount you must pay for your *treatment*.]

[Discounts on dental care products are available. Please visit the For Members site at www.assurantemployeebenefits.com for details.]

17

[Vision Plan

A *covered person* is eligible for discounted vision services. The discounted vision services are provided through a third party vendor and are not covered under an insured plan. The discounted vision services offered include discounts on eye exams, prescription glasses, and services related to prescription contact lenses.]

[Plan Changes

18

You may change your plan of insurance only during the annual enrollment period agreed upon by the *policyholder* and us, unless you have a change in family status. A plan change made during the annual enrollment period will take effect on the next following policy anniversary.

You may also apply for or change your plan within 31 days of a change in family status. The effective date of the change will be the Entry Date occurring on or after the date of the request. You may only change your plan to add or remove coverage for dependents due to a change in family status, unless the change in family status coincides with the annual enrollment period.

A "change in family status" means your marriage or divorce, the establishment or termination of your domestic partnership, the birth or adoption of your child, the death of your spouse or *domestic partner* or child, the termination of employment of your spouse or *domestic partner*, or any other event specified in the *policyholder's* IRC Section 125 plan, if any.

The Waiting Period for Timely Applicants provision, if any, will apply to changes made by timely applicants during an annual enrollment period and due to a change in family status.

The Late Entrant Limitation provision, if any, will apply to any person who applies for insurance more than 31 days after the date the person first becomes eligible or after insurance ended because the premium was not paid. The Late Entrant Limitation provision, if any, will not apply to your child if application is made during any annual enrollment period occurring prior to the child's third birthday.]

OR

[Plan Changes

You may change your plan of insurance only during the annual enrollment period agreed upon by the *policyholder* and us, unless you have a change in family status. A plan change made during the annual enrollment period will take effect on the next following policy anniversary.]

SCHEDULE (continued)

18

[You may also apply for or change your plan within 31 days of a change in family status. The effective date of the change will be the Entry Date occurring on or after the date of the request. You may only change your plan to add or remove coverage for dependents due to a change in family status, unless the change in family status coincides with the annual enrollment period.

A "change in family status" means your marriage or divorce, the establishment or termination of your domestic partnership, the birth or adoption of your child, the death of your spouse or *domestic partner* or child, the termination of employment of your spouse or *domestic partner*, or any other event specified in the *policyholder's* IRC Section 125 plan, if any.

The Waiting Period for Timely Applicants provision, if any, will apply to changes made by timely applicants during an annual enrollment period and due to a change in family status.

The Late Entrant Limitation provision, if any, will apply to any person who applies for insurance more than 31 days after the date the person first becomes eligible or after insurance ended because the premium was not paid. The Late Entrant Limitation provision, if any, will not apply to any person who applies for insurance during the annual enrollment period.]

ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE

1

Eligible Persons

To be eligible for insurance, [a person must:

- | be a member of an *eligible class*; and
- | complete any Service Requirement shown in the Schedule by continuous service with the employer, the *policyholder*, or an *associated company*.

The Present Service Requirement applies to persons in an *eligible class* on the Effective Date of the *policy*. The Future Service Requirement applies to persons who become members of an *eligible class* after that.]

Effective Date for an Eligible Person

2

[Any *noncontributory* insurance will take effect on the Entry Date shown in the Schedule.]

3

[For any *contributory* insurance, a person must apply for insurance on a form acceptable to us, and agree to pay part or all of the premium.]

4

- | [If a person applies before becoming eligible, insurance will take effect on the Entry Date shown in the Schedule.]

5

- | [If the application is made on the date the person becomes eligible, or within 31 days after that, insurance will take effect on the Entry Date occurring on or after the date of the application.]

6

- | [If application is made more than 31 days after the day the person becomes eligible or after insurance ended because the premium was not paid, then *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply unless application is made during the annual enrollment period.]

7

In no event will a person's insurance take effect before the [*policyholder's*] effective date.

8

Exception to Effective Date

If an eligible person is not at *active work* on the day insurance would otherwise take effect, insurance will not take effect until the person returns to *active work*. If the day insurance would normally take effect is not a regular work day for a person, insurance will take effect on that day if the person is able to do his or her regular job.

ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE (continued)

When a Person's Insurance Ends

9

Your insurance will end on [the earliest of:

- | the day the *policy* or *participating employer's* application ends;
- | the day the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | the last day of the month in which a person is no longer in an *eligible class*;
- | the last day of the month in which a person stops *active work*; or
- | the day a required contribution was not paid.]

OR

Your insurance will end [on the date:

- | the *policy* or *participating employer's* application ends;
- | the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | the person is no longer in an *eligible class*;
- | a person stops *active work*; or
- | a required contribution was not paid.]

OR

Your insurance will end [:

- | on the date the *policy* or *participating employer's* application ends;
- | on the date the *policy* or *participating employer's* application is changed to end the insurance for a person's *eligible class*;
- | on the last day of the billing period prior to the date a person is no longer in an *eligible class*;
- | on the last day of the billing period prior to the date in which a person stops *active work*; or
- | on the last day of the billing period prior to the date a required contribution was not paid.]

10

Re-entry

If a person re-enters an *eligible class* [within 12 months] after insurance ends, the person will not have to [complete the Service Requirement again]. All other provisions of the *policy* will apply as if the person were newly eligible.

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE

Eligible Dependents

- 1 Your *eligible dependents* are[:
- | your lawful spouse or *domestic partner*, and
 - | your unmarried children who are less than age 19, or less than age 24 if a full-time student].
- 2 ["Children" include any adopted children. A child will be considered adopted on the date of placement in your home. Stepchildren and foster children and your *domestic partner's* children are also included if they depend on you for support and maintenance. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]
- 3 [An *eligible dependent* will not include any person who is a member of an *eligible class* and may not be covered under the *policy* by more than one person. However, if you and your spouse or *domestic partner* are both members of an *eligible class*, then one of you may request to be an *eligible dependent* of the other.]

4 Dependent Effective Date

[Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.]

- | [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule.]
- | [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.]
- | [If you apply more than 31 days after the dependent becomes eligible or after dependent insurance ended because the premium was not paid, *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply unless application is made during the annual enrollment period. The Late Entrant Limitation will not apply to a child if application is made during any annual enrollment period occurring prior to the child's third birthday.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

- 5 [If an *eligible dependent* is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will]

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE
(continued)

5

[automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

When Dependent Insurance Ends

6

A dependent's insurance will end [on the earliest of:

- | the day the *policy* or *participating employer's* application ends;
- | the day the *policy* or *participating employer's* application is changed to end dependent insurance;
- | the last day of the month in which that dependent is no longer eligible;
- | the day your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | the day a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [on the date:

- | the *policy* or *participating employer's* application ends;
- | the *policy* or *participating employer's* application is changed to end dependent insurance;
- | that dependent is no longer eligible;
- | your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [:

- | on the date the *policy* or *participating employer's* application ends;
- | on the date the *policy* or *participating employer's* application is changed to end dependent insurance;
- | on the last day of the billing period prior to the date that dependent is no longer eligible;
- | on the last day of the billing period prior to the date your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | on the last day of the billing period prior to the date a required contribution for dependent insurance was not paid.]

SPECIAL INSURANCE CONTINUANCE PROVISIONS

1

Continuance of Insurance

The [*policyholder*] may elect to continue your insurance [and your dependent insurance, if any,] on a premium-paying basis if you are unable to perform *active work* for a reason shown below. You must remain in other respects a member of the *eligible class*. The continuance cannot be more than the maximum continuance shown below but may be a lesser time period as elected by the [*policyholder*]. Continuance must be based on a uniform policy, and not individual selection.

The maximum continuance for *dental insurance* is [the longest applicable period described below:

- | 12 months* for injury, sickness, or pregnancy;
- | 3 months* for temporary lay-off (only with the *policyholder's* expectation that you will resume *active work*), leave of absence (other than a family or medical leave of absence described below), or change to part-time; or
- | the end of the period the *policyholder* is required to allow* for a family or medical leave of absence under:
 - | the federal Family and Medical Leave Act; or
 - | any similar state law.

* after the last day of *active work*.]

[Any leave of absence, including a family or medical leave of absence described above, must be approved in advance in writing by the *policyholder* if the insurance is to be continued.]

2

Dependent Continuance

As specified below, dependent *dental insurance* may continue, subject to the provisions that describe when insurance ends, and all other terms and conditions of the *policy*. Premiums are required for any coverage continued.

Physically or Mentally Handicapped Dependent Children

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date a child attains an age limit, if, on that date, he or she:

- | is unable to earn a living because of physical or mental handicap; and
- | is chiefly dependent upon you for support and maintenance.

[We must receive proof of the above within 120 days after the child attains the age limit and each year after that, beginning 2 years after the child attains the age limit.] There will be no increase in premium for this continued coverage.

Dependent *dental insurance* will end when the child is able to earn a living or is no longer dependent on you for support and maintenance.

SPECIAL INSURANCE CONTINUANCE PROVISIONS (continued)

3

Students

Dependent *dental insurance* for an *eligible dependent* child will continue beyond the date the child is no longer a student until [the earliest of:

- | the end of the 3rd calendar month following the month in which the child is no longer a student;
- | the child's 24th birthday; and
- | the date the child becomes eligible for *other group dental expense coverage*].

Federal Continuance

Under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), a *covered person* may have the right to continue *dental insurance* coverage beyond the date insurance would otherwise terminate. You should contact [the *policyholder*] concerning your right to continue coverage.

4

DENTAL INSURANCE

Insurance Provided

We will pay benefits for covered dental expenses identified in the *policy* when incurred by a *covered person*. We will pay the coinsurance percentage shown in the Schedule after a *covered person* has satisfied any deductible required for the *benefit year*, subject to all the terms and conditions of the *policy*.

Covered dental expenses will only include *treatment* provided to a *covered person* for which, as outlined in the Covered Dental Expenses section, the date started and the date completed occur while the person is insured under the *policy*. No payment will be made for a program of dental *treatment* already in progress on the effective date of a person's insurance, except as stated in the Continuity of Coverage provision, if any. No payment will be made for dental *treatment* completed after a *covered person's* insurance under the *policy* ends, except as stated in the Extension of Benefits provision.

1

Network Provider Plan

We will provide the benefits of the *network provider plan*, as shown in the Schedule, for covered expenses incurred by a *covered person* if the *treatment* is provided by a *network provider*. A *covered person* must be identified as being insured under the *network provider plan* each time *treatment* is received, to obtain the benefits of the *network provider plan*. We will provide the benefits of the *out-of-network provider plan*, as shown in the Schedule, for covered dental expenses incurred by a *covered person* if the *treatment* is provided by a dental care provider who is not a participant in the *network provider plan*.

Deductible

The deductible is the amount shown in the Schedule and will be applied to each class of dental services as indicated in the Schedule. The deductible is the amount of covered dental expenses that each *covered person* must incur in a *benefit year* before we will pay benefits. When covered dental expenses equal to the deductible amount have been incurred and submitted to us, the deductible will be satisfied. We will not pay benefits for covered dental expenses applied to the deductible.

If the deductible amount is increased during a *benefit year*, further covered dental expenses must be incurred after the date of increase to satisfy the additional deductible for that *benefit year*.

2

The deductible will apply to each *covered person* separately each *benefit year* [except as stated in the Maximum Family Deductible section].

2

Maximum Family Deductible

The Maximum Family Deductible is shown in the Schedule. It indicates the number of persons in your *family unit* who must each satisfy an individual deductible in order to satisfy the family deductible. Once that number of persons has satisfied a deductible for a *benefit year*, we will consider the deductible to be satisfied for each person in your *family unit* for that *benefit year*. We will pay benefits for covered dental expenses incurred on or after the date the required number of persons has satisfied the deductible amount. [Expenses incurred for Class IV: Orthodontic Dental Services will not be applied to the family deductible.]

DENTAL INSURANCE (continued)

3

Carry Over Deductible

Covered dental expenses that were used to satisfy the deductible in the last [three months] of a *benefit year* will also be applied to the deductible for the next *benefit year*.

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is shown in the Schedule. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is [shown in the Schedule]. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

5

Individual Benefit Year Maximum

If you have no *covered dependents*, the Individual Benefit Year Maximum shown in the Schedule is the maximum benefit payable to you during a *benefit year*. This maximum will apply even if your coverage ends and starts again within the same *benefit year* or if you have been covered both as [an employee] and a dependent. Any amounts paid under the Family Share Benefit Year Maximum will be applied to the Individual Benefit Year Maximum if you terminate your *covered dependents* under the *policy* within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Individual Benefit Year Maximum.]

Family Share Benefit Year Maximum

If you have one or more *covered dependents*, the Family Share Benefit Year Maximum will apply to your *family unit*. The Family Share Benefit Year Maximum shown in the Schedule is the maximum benefit payable to your *family unit* either as an individual or as a combined *family unit* during a *benefit year*. Once the Family Share Benefit Year Maximum benefit has been paid during a *benefit year* to an individual or any combination of the *family unit*, there will be no further benefits payable for covered dental expenses incurred by any person in your *family unit* for the remainder of that *benefit year*. Any amounts paid under the *policy* will be applied to this maximum even if coverage for a *covered person* ends and starts again under the *policy* within the same *benefit year* or if a *covered person* has been covered both as [an employee] and a dependent. Any amounts paid under the Individual Benefit Year Maximum or the Family Share Benefit Year Maximum will be applied to the Family Share Benefit Year Maximum if you add or terminate one or more *covered dependents* to or from the *policy* or change from the Individual Benefit Year Maximum to the Family Share Benefit Year Maximum within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Family Share Benefit Year Maximum benefit.]

DENTAL INSURANCE (continued)

6

Maximum Benefit for Temporomandibular Joint (TMJ) Treatment

The maximum benefit payable to each *covered person*, while insured under the *policy*, for *treatment* of temporomandibular joint dysfunction is shown in the Schedule. Any benefits applied to this maximum will also be applied to the Benefit Year Maximum for the *benefit year* in which the expense is incurred.

OR

6

Maximum Benefit for Temporomandibular Joint (TMJ) Treatment

The maximum benefit payable to each *covered person*, while insured under the *policy*, for *treatment* of temporomandibular joint dysfunction is shown in the Schedule. Any benefits applied to this maximum will also be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum for the *benefit year* in which the expense is incurred.

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Benefit Year Maximum shown in the Schedule.

OR

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum shown in the Schedule.

Date Started and Date Completed

If the *policy* includes any of the following listed services, we consider a dental *treatment* to be started as follows:

- | for a full or partial denture, on the date the first impression is taken
- | for a fixed bridge, crown, inlay and onlay, on the date the teeth are first prepared
- | for root canal therapy, on the date the pulp chamber is first opened
- | for periodontal surgery, on the date the surgery is performed and
- | for all other *treatment*, on the date *treatment* is rendered

and we consider a dental *treatment* to be completed as follows:

- | for a full or partial denture, the date a final completed appliance is first inserted in the mouth

DENTAL INSURANCE (continued)

- | for a fixed bridge, crown, inlay and onlay, the date an appliance is cemented in place and
- | for root canal therapy, the date a canal is permanently filled.

7

[(See Class IV: Orthodontic Dental Services for start and completion dates for *orthodontic treatment*.)]

Covered Dental Expenses

8

Covered dental expenses include only the [lesser of the discounted amount agreed upon by the *network provider* under the *network provider plan*, the *dentist's* actual charge, or the *allowable charge* for expenses incurred by a *covered person*]. The *treatment* must be:

- | performed by or under the direction of a *dentist*, or performed by a *dental hygienist* or *denturist*
- | *dentally necessary* and
- | started and completed while a *covered person* is insured, except as otherwise provided in the Extension of Benefits provisions and Continuity of Coverage, if any.

Expenses submitted to us must identify the *treatment* performed in terms of the American Dental Association Uniform Code on Dental Procedures and Nomenclature or by narrative description. We reserve the right to request x-rays, narratives and other diagnostic information to determine benefits.

We will only pay benefits for covered dental expenses incurred for *treatment* which has a reasonably favorable prognosis for the patient.

We consider a temporary *treatment* to be an integral part of the final *treatment*. The sum of the fees for temporary and final *treatment* will be used to determine whether the charges are *allowable charges*.

Covered dental expenses are based on current dental terminology and are updated periodically. The most current dental terminology may not be reflected in the list of covered dental expenses. However, benefits will be payable based on the most current dental terminology.

The following is a complete list of covered dental expenses. We will not pay benefits for expenses incurred for any service not listed in the *policy*.

9

[Class I: Preventive Dental Services]

- | All oral evaluations, limited to [1 time in any 6-month period]
- | [Intraoral complete series x-rays, including bitewings and 10 to 14 periapical x-rays, or panoramic film, limited to 1 time in any 60-month period]
- | [Bitewing x-rays (two or four films), limited to 1 time in any 12-month period]
- [Dental prophylaxis, limited to 1 time in any 12-month period]

OR

- [Dental prophylaxis, limited to 1 time in any 6-month period (frequency combined with *periodontal maintenance procedure*). Total number of combined dental prophylaxis services and *periodontal maintenance procedures* not to exceed 4 in a 12-month period.]

DENTAL INSURANCE (continued)

9

[Genetic test for susceptibility to oral diseases, limited as follows:

Limited to 1 test per lifetime and

Limited to persons over age 18]

[Topical fluoride *treatment*, limited to:

1 time in any 6-month period and

Covered dependent children less than age 14]

[Sealants, limited to:

o 1 time per tooth in any 36-month period

Applications made to the occlusal surface of unrestored permanent molar teeth and

Covered dependent children less than age 14]

[Space maintainers, including all adjustments made within 6 months of installation, limited to *covered dependent* children less than age 19]

10

[Class II: Basic Dental Services]

[Diagnostic Services]

[Intraoral periapical x-rays, limited to 4 films in any 12-month period]

[Intraoral occlusal x-rays, limited to 2 films in any 12-month period]

[Extraoral x-rays, limited to 1 film in any 6-month period]

[Accession and examination of tissue]

[Endodontic Services]

[Pulpotomy, limited to *covered dependent* children less than age 19]

Root canal therapy, including all pre-operative, operative and post-operative x-rays, canal preparation and fitting of preformed dowel or post, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care, limited to 1 time on the same tooth in any 24 month period (including teeth treated prior to the date the insurance takes effect under the *policy*)

Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care)]

DENTAL INSURANCE (continued)

10

| [Retrograde filling--per root

| Root amputation--per root]

| [Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy]

[Periodontal Non-surgical Services]

- [Periodontal scaling and root planing (per quadrant), limited to 1 time per quadrant of the mouth in any 24-month period. Benefits for prophylaxis and scaling and root planing, performed during the same appointment, will be based on the *allowable charge* for a prophylaxis. Benefits for scaling and root planing and *periodontal maintenance procedures*, performed during the same appointment, will be based on the *allowable charge* for *periodontal maintenance procedures*.]
- [Full mouth debridement, limited to once per lifetime]
- [*Periodontal maintenance procedure* (following active *treatment*), limited to 1 dental prophylaxis or 1 *periodontal maintenance procedure* in any 12-month period]

OR

- | [*Periodontal maintenance procedure*, limited to 1 *periodontal maintenance procedure* in any 3-month period (frequency combined with dental prophylaxis services). Total number of combined *periodontal maintenance procedures* and dental prophylaxis services not to exceed 4 in a 12-month period]
- [Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth by report, limited to 1 application per tooth in any 12-month period]

[Periodontal Surgical Services]

| [Periodontal related services as listed below, limited to:

| 1 time per quadrant of the mouth in any 36-month period with charges combined for each of these services performed in the same quadrant within the same 36-month period

- Gingivectomy
- Osseous surgery]

| [Osseous grafts, limited to *treatment* when periodontal disease is present, excludes grafting after extractions]

- [Guided tissue regeneration]

| [Pedicle grafts

| Tissue grafts]

DENTAL INSURANCE (continued)

10

[Oral Surgery Services]

| [Oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care]

| Surgical extractions (including extraction of wisdom teeth)

| Alveoloplasty

| Vestibuloplasty

| Removal of lateral exostosis—maxilla or mandible

| Frenulectomy (frenectomy or frenotomy)

| Excision of hyperplastic tissue—per arch

o Orantral fistula closure]

[If more than one complex surgical procedure is performed per area of the mouth, only the most inclusive surgical procedure performed will be considered a covered dental expense.]

| [Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus]

| [Extraction, erupted tooth or exposed root (elevation and/or forceps removal)]

| [Biopsy]

| [Incision and drainage only if not performed on the same day as an extraction]

| [General anesthesia and intravenous sedation for the first 30 minutes and one additional 15 minute unit, limited as follows:

| Considered for payment as a separate benefit only with surgical extractions and when administered in the *dentist's* office or outpatient surgical center in conjunction with oral surgery services which are listed as covered services under the *policy*

| Benefits for general anesthesia will be based on the benefit allowed for the corresponding intravenous sedation]

[Other Basic Services]

• [Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other *treatment* (except x-rays) is rendered during the visit]

| [Consultation, including specialist consultations, limited as follows:

| Considered for payment only if billed by a *dentist* who is not providing operative *treatment*]

DENTAL INSURANCE (continued)

10

[Benefits will not be considered for payment if the purpose of the consultation is to describe the *dental treatment plan*]

[Therapeutic drug injections]

[Stainless steel crowns, limited to:

1 time in any 36-month period

Teeth not restorable by an amalgam or composite filling and

Covered dependent children less than age 19]

11

[Restorative Services (Fillings)]

[Amalgam restorations (fillings), limited as follows:]

[Multiple restorations on one surface will be considered a single filling

Benefits for the replacement of an existing amalgam restoration will only be considered for payment if at least 24 months have passed since the existing amalgam restoration was placed

Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

[Composite restorations (fillings) on anterior teeth only, limited as follows:

Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed

○ Benefits for composite restorations on posterior teeth will be based on the benefit allowed for the corresponding amalgam restoration

○ Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

OR

[Composite restorations (fillings), limited as follows:

Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed]

DENTAL INSURANCE (continued)

11

[Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

[Pin retention restorations, covered only in conjunction with an amalgam or composite restoration, pins limited to 1 time per tooth.]

[Silicate restorations (fillings)]

12

[Class III: Major Dental Services]

[Inlay, Onlay, and Crown Restorations]

- [Inlays and onlays
 - Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - ┆ Covered only if more than 10 years have elapsed since last placement and
 - ┆ Limited to persons over age 16]
- ┆ [Crowns, including porcelain crowns on anterior and posterior teeth OR including porcelain crowns on anterior teeth only (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)
 - ┆ Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - ┆ Covered only if more than 10 years have elapsed since last placement and
 - ┆ Limited to persons over age 16]
- [Labial veneers (only for anterior teeth)
 - ┆ Covered only if more than 10 years have elapsed since last placement and
 - ┆ Limited to persons over age 16]
- ┆ [Crown build-up, including pins and prefabricated posts]
- ┆ [Post and core, covered only for endodontically treated teeth requiring crowns]

[Implant Services]

- ┆ [Endosseous implants (including implant abutments), limited as follows:
 - Only one abutment will be covered per implant
 - Benefits for the replacement of an existing implant are payable only if the existing implant is:
 - more than 10 years old and]

DENTAL INSURANCE (continued)

12

– [cannot be made serviceable]

[Full and Partial Dentures (Removable)]

– [Full dentures (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows]

– [Limited to 1 time per arch unless

– 10 years have elapsed since last replacement and

– the denture cannot be made serviceable

– We will not pay additional benefits for personalized dentures or overdentures or associated *treatment*]

– [Partial dentures, including any clasps and rests and teeth, (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows:

– Limited to 1 partial denture per arch unless

– 10 years have elapsed since last replacement, unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and

– the partial denture cannot be made serviceable

– There are no benefits for precision or semi-precision attachments]

– [Each additional clasp and rest]

– [Denture adjustments, limited to:

– 1 time in any 12 month period and

– Adjustments made more than 12 months after the insertion of the denture]

– [Relining or rebasing dentures, limited to:

– 1 time in any 36-month period and

– Relining or rebasing done more than 12 months after the insertion of the denture]

– [Tissue conditioning performed more than 12 months after the initial insertion of the denture]

[Fixed Partial Dentures (Bridges)]

– [Fixed bridges, limited as follows (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)

– Limited to persons over age 16

– Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge

– is more than 10 years old and]

DENTAL INSURANCE (continued)

12

– [cannot be made serviceable]

[unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and the extracted tooth was not an abutment to an existing bridge

A fixed bridge replacing the extracted portion of a hemisected tooth is not covered]

[Other Major Services]

[Repairs to or recementing of full or partial dentures, bridges, crowns and inlays, limited to repairs or adjustments performed more than 12 months after the initial insertion]

[Non-surgical temporomandibular joint (TMJ) *treatment* for myofascial pain syndrome, muscular, neural, or skeletal disorder, dysfunction or disease of the temporomandibular joint including *treatment* of the chewing muscles to relieve pain or muscle spasm, TMJ x-rays, and occlusal adjustments, limited as follows:

Coverage does not include an allowance for appliances for tooth movement or guidance, electronic diagnostic modalities, occlusal analysis, or muscle testing]

[The Overall Maximum Benefit for Temporomandibular Joint (TMJ) Treatment and the Benefit Year Maximum shown in the Schedule will apply]

OR

[The Overall Maximum Benefit for Temporomandibular Joint (TMJ) Treatment and the Individual Benefit Year Maximum and Family Share Benefit Year Maximum shown in the Schedule will apply]

- [Occlusal guards, limited for the treatment of bruxism (grinding of teeth)]
- [Bleaching of teeth (whitening of teeth) prescribed and supervised by a *dentist*. This procedure includes all related services. Separate benefits are not allowed for related services on the same teeth. Covered expenses for this procedure are further limited to:

1 time per arch or per tooth in any 36-month period

Persons over age 16 and

The Overall Maximum Benefit for the Bleaching of Teeth shown in the Schedule]

[Class IV: Orthodontic Dental Services]

- | [Diagnostic x-rays, limited to x-rays for orthodontic purposes
- | Diagnostic casts, limited to casts made for orthodontic purposes
- | Surgical exposure of an impacted tooth, limited to services performed for orthodontic purposes
- | Orthodontic appliances for tooth guidance and
- | Fixed or removable appliances to correct harmful habits]

[Benefits for *orthodontic treatment* will be only be provided to *covered dependent* children.]

[Benefits for *orthodontic treatment* are not payable for expenses incurred for retention of orthodontic relationships. Benefits for *orthodontic treatment* are payable only for active *orthodontic treatment* for the services listed above.]

We will pay benefits for the orthodontic services listed above when the date started for the orthodontic service occurs while the person is insured under this *policy*. No payment will be made for *orthodontic treatment* if the appliances or bands are inserted prior to becoming insured, except as provided in the Continuity of Coverage. We consider *orthodontic treatment* to be started on the date the bands or appliances are inserted. Any other *orthodontic treatment* that can be completed on the same day it is rendered is considered to be started and completed on the date the *orthodontic treatment* is rendered.

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Benefit Year Maximum shown in the Schedule.]

OR

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Individual Benefit Year Maximum and the Family Share Benefit Year Maximum shown in the Schedule.]

We will make a payment for covered orthodontic services related to the initial *orthodontic treatment* which consists of diagnosis, evaluation, pre-care and insertion of bands or appliances. After the payment for the initial *orthodontic treatment*, benefits for covered orthodontic services will be paid in equal quarterly installments over the course of the remaining *orthodontic treatment*. The benefit payment schedule for the initial *orthodontic treatment* and quarterly installments will be determined as follows:

- We will determine the lesser of the *allowable charge* and the orthodontist's fee and multiply that amount by the co-insurance rate shown in the Schedule.
- The lesser of the amount from the bullet above or the Overall Benefit Maximum for orthodontic services shown in the Schedule will be the maximum benefit payable. An initial amount of [25%] of the maximum benefit payable will be paid for the initial *orthodontic treatment*. This amount will be payable as of the date appliances or bands

DENTAL INSURANCE (continued)

13

are inserted.

- The remaining [75%] of the maximum benefit payable will be divided by the number of quarters that *orthodontic treatment* will continue to determine the amount which will be payable for each subsequent quarter of *orthodontic treatment*. The subsequent quarterly payments will be made only if the person remains insured under this *policy* and provides proof to us that *orthodontic treatment* continues. If *orthodontic treatment* continues after the maximum benefit payable has been paid, no further benefits will be paid.

Pre-estimate

14

If the charge for any *treatment* is expected to exceed [\$300], we recommend that a *dental treatment plan* be submitted to us for review before *treatment* begins. An estimate of the benefits payable will be sent to the *covered person* and the *dentist*.

In estimating the amount of benefits payable, we will consider whether or not an alternate *treatment* may accomplish a professionally satisfactory result. If a *covered person* and the *dentist* agree to a more expensive *treatment* than that pre-estimated by us, we will not pay the excess amount.

The pre-estimate is not an agreement for payment of the dental expenses. The pre-estimate process lets a *covered person* know in advance approximately what portion of the expenses will be considered covered dental expenses by us.

Alternate Treatment

If an alternate *treatment* can be performed to correct a dental condition, the maximum covered dental expense we will consider for payment will be the most economical *treatment* which will produce a professionally satisfactory result. We will not provide a full payment, a partial payment, or an alternate *treatment* payment for any service that is not a covered dental expense.

15

[Special Limitations]

16

Waiting Period for Timely Applicants

If you apply for *dental insurance* [before or within 31 days] of the date a *covered person* becomes eligible, the person is a timely applicant. We will not pay benefits for any of the services listed under the Waiting Periods in the Schedule until the *covered person* has been continuously insured under the *policy* for the period of time listed in the Schedule for that type of service.

[If *orthodontic treatment* is started during the Waiting Period, only the portion of the *treatment* rendered after the end of the Waiting Period will be considered a covered dental expense. We will not pay for any Class I, II or III services for *treatment* started or completed during a waiting period.]

DENTAL INSURANCE (continued)

17

Late Entrant Limitation

If you apply for *dental insurance* more than [31 days] after a *covered person* first becomes eligible, the person is a late entrant. The benefits for the [first 24 months] of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
[Less than 6 months]	Class I Dental Services
At least 6 months but less than 12 months	Class I & Class II Restorative Services
At least 12 months but less than 24 months	Class I & all Class II Dental Services]

We will not pay for any *treatment* that is started or completed during the late entrant limitation period.

18

Missing Teeth Limitation

We will not pay benefits for replacement of teeth missing on a *covered person's* effective date of insurance under the *policy* for the purpose of the initial placement of a prosthetic device to replace a missing tooth. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:

- | The initial placement of full or partial dentures will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*.
- | The initial placement of a fixed bridge will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*. However, the following restrictions will apply:
 - | The replacement of an extracted tooth will not be considered a covered dental expense if it was an abutment to an existing prosthesis
 - | Benefits will only be paid for the replacement of the teeth extracted while a *covered person* was insured under the *policy*
 - | Benefits will not be paid for the replacement of other teeth which were missing on a *covered person's* effective date

General Exclusions

We will not pay benefits for expenses incurred for any of the following:

- *Treatment* or an appliance which
 - Is not included in the list of covered dental expenses
 - Is not *dentally necessary*]; except for the bleaching of teeth]
 - Is experimental in nature

19

DENTAL INSURANCE (continued)

- Is temporary in nature
- Does not have uniform professional endorsement
- *Treatment* related to procedures that are:
 - Part of a service but are not reported as separate services
 - Reported in a *treatment* sequence that is not appropriate
 - Misreported or that represent a procedure other than the one reported
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting
- Any *treatment* or appliance, the sole or primary purpose of which relates to
 - The change or maintenance of vertical dimension
 - The alteration or restoration of occlusion [except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder]
 - Bite registration
 - Bite analysis
 - Attrition or abrasion
- Replacement of a lost or stolen appliance or prosthesis
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions
- Completion of claim forms or missed dental appointments
- Personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards[, except supplies prescribed and dispensed by a *dentist* related to the bleaching of teeth (subject to the 36-month frequency limitation for the bleaching of teeth)]
- Administration of nitrous oxide or any other agent to control anxiety
- *Treatment* for a jaw fracture
- *Treatment* provided by a *dentist*, *dental hygienist*, or *denturist* who is
 - An *immediate family member* or a person who ordinarily resides with a *covered person*
 - [An employee] of the [policyholder]
 - A [policyholder]
- Hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery

20

21

DENTAL INSURANCE (continued)

19

- *Treatment* provided primarily for cosmetic purposes[, except for the bleaching of teeth]

22

- *Treatment* which may not reasonably be expected to successfully correct the person's dental condition for a period of at least [3 years]

- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling

23

- [Any *treatment* required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures]

24

- [*Treatment* for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and *treatment* of the implant]

25

- [*Treatment* for the prevention of bruxism (grinding of teeth)]

26

- [Orthodontic treatment]

27

- [*Treatment* performed outside the United States, except for *emergency dental treatment*. The maximum benefit payable to any person during a *benefit year* for covered dental expenses related to *emergency dental treatment* performed outside the United States is \$100.]

- *Treatment* or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law. A person must promptly claim and notify us of all such benefits.

- *Treatment* for which a charge would not have been made in the absence of insurance

- *Treatment* for which a *covered person* does not have to pay, except when payment of such benefits is required by law and only to the extent required by law

28 Extension of Benefits

If a *covered person's* insurance under the *policy* ends, we will extend benefits for any claim related to [non-orthodontic dental] *treatment* rendered on a specific tooth that began while insured under the *policy*. We will continue to pay benefits for covered dental expenses for such *treatment* that is rendered within [30 days] after the date insurance ends.

[If a *covered person's* insurance under the *policy* ends, benefits for *orthodontic treatment* will be paid only for covered dental expenses incurred while insured under the *policy* and only until the end of the quarter in which insurance ends.]

[Any extension of benefits will be subject to payment of the Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

OR

[Any extension of benefits will be subject to payment of the Individual Benefit Year Maximum, Family Share Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

DENTAL INSURANCE (continued)

28

This extension will not apply if the [*policyholder*] ends insurance and the *policy* is replaced with another plan of group dental insurance [within 30 days of the date the *policy* ends.]

CONTINUITY OF COVERAGE

Definitions

1

Prior plan means the [policyholder's] plan of group dental insurance, if any, under which you were insured on the day before the Effective Date of the [policy].

2

Continuity of Coverage for You

If the *policy* replaces the *prior plan*, we will provide continuity of coverage if you were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If you[

are at *active work* on the Effective Date of the *policy* and]

3

apply for insurance before or within [31 days] of the Effective Date of the [policy],

2

you will be insured under this *policy*.

4

[If you are not at *active work* on the Effective Date of the *policy*,] you will be insured by us and will be provided the benefits of the *policy* until the earliest of:

5

- the end of any period of continuance of the *prior plan*;
- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

6

Continuity of Coverage for Your Dependents

If the *policy* replaces the *prior plan*, we will provide continuity of coverage for your *eligible dependents*, if any, who were covered under the *prior plan* on the day before coverage was replaced by the *policy*.

If

- the dependent is not in a hospital or similar facility on the Effective Date of the [policy], and
- you apply for dependent insurance before or within [31 days] of the Effective Date of the [policy],

the dependent will be insured under the *policy*.

If the dependent is in a hospital or similar facility on the Effective Date of the [policy], the dependent will be insured by us and will be provided the benefits of the *policy* until the earliest of:

- the end of any period of continuance of the *prior plan*; or
- the date a required contribution, if any, was not paid; or
- the date coverage ends, according to the provisions of the *policy*.

CONTINUITY OF COVERAGE (continued)

7

Prior Extractions

If *treatment* is *dentally necessary* due to an extraction which occurred before the effective date of this coverage but while a *covered person* was covered under the *prior plan* and *treatment* would have been covered under the [policyholder's] *prior plan*, we will apply the Coverage for Treatment in Progress provision as stated below and consider expenses as follows:

- | the replacement of the extracted tooth must take place within 12 months of extraction; and
- | expenses must be covered dental expenses under this *policy* and the *prior plan*.

8

Waiting Periods and Late Entrant Limitations

If a *covered person*:

- | was covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*;
- | is eligible on the effective date of [this *policy*] for *dental insurance*; and
- you elect *dental insurance* for yourself [and your dependents] under this *policy* before or within [31 days] of the effective date of [this *policy*];

then any Waiting Period for Timely Applicants will be waived for any Class of dental services covered under the *prior plan* and this *policy*.

8

If a *covered person*:

- | was eligible but not covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*;
- | is eligible on the effective date of this *policy* for *dental insurance*; and
- | you apply for *dental insurance* for yourself and your dependents under this *policy* before or within [31 days] of the effective date of this *policy*, then

a *covered person* will be subject to the Late Entrant Limitation in the Special Limitations section.

Coverage for Treatment in Progress

If a *covered person* was covered under the *prior plan* on the day before the *prior plan* was replaced by this *policy*, we will pay benefits for any program of dental *treatment* already in progress on the effective date of [this *policy*] as stated below. However, the expenses must be covered dental expenses under this *policy* and the *prior plan*.

2

- | Extension of Benefits under Prior Plan

CONTINUITY OF COVERAGE (continued)

We will not pay benefits for *treatment* if:

- | the *prior plan* has an extension of benefits provision;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was completed during the extension of benefits.

No Extension of Benefits under Prior Plan

We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* if:

- | the *prior plan* has no extension of benefits when that plan terminates;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was completed while insured under this *policy*.

Treatment Not Completed during Extension of Benefits

We will pro-rate benefits according to the percentage of *treatment* performed while insured under the *prior plan* and during the extension if:

- | the *prior plan* has an extension of benefits;
- | the *treatment* expenses were incurred under the *prior plan*; and
- | the *treatment* was not completed during the *prior plan's* extension of benefits.

We will consider only the percentage of *treatment* completed beyond the extension period to determine any benefits payable under this *policy*.

9

Deductible Credit

We will credit this *policy's* deductible amount by the amount of covered dental expenses incurred by a *covered person* in the current *benefit year* and applied to covered dental expenses under the *prior plan's* deductible. You must supply us with proof that these expenses were incurred.

Maximum Benefit Credit

All paid benefits applied to the maximum benefit amounts under the *prior plan* will also be applied to the maximum benefit amounts under this *policy*.

10

If a *covered person* had orthodontic coverage under the [*policyholder's*] *prior plan* and you have orthodontic coverage under this *policy*, we will not pay benefits for orthodontic expenses unless:

- | you submit proof that the Overall Benefit Maximum for Class IV Orthodontic Services for this *policy* was not exceeded under the *prior plan*;
- | *orthodontic treatment* was started and bands or appliances were inserted while insured under the *prior plan*;

CONTINUITY OF COVERAGE (continued)

10

| payment was made for *orthodontic treatment* under the *prior plan*, and

| *orthodontic treatment* is continued while a *covered person* is insured under this *policy*.

If you submit the required proof, the maximum benefit for *orthodontic treatment* will be the lesser of this *policy's* Overall Benefit Maximum for Class IV Orthodontic Services or the *prior plan's* maximum benefit. The maximum benefit payable under this *policy* will be reduced by the amount paid or payable under the *prior plan*.

COORDINATION OF BENEFITS

Applicability

The Coordination of Benefits (COB) provision applies when a *covered person* has dental care coverage under more than one *plan*. *Plan* is defined below. All of the benefits provided under the *policy* are subject to *this provision*.

Definitions

Allowable expense means a dental care expense, including deductibles, coinsurance and copayments, that is covered at least in part by any *plan* covering the person. When a *plan* provides benefits in the form of services, the reasonable cash value of each service will be considered an *allowable expense* and a benefit paid. An expense that is not covered by any *plan* covering the person is not an *allowable expense*. In addition, any expense that a provider by law or in accordance with a contractual agreement is prohibited from charging a *covered person* is not an *allowable expense*.

The following are examples of expenses that are not *allowable expenses*:

- If a *covered person* is covered by 2 or more *plans* that compute their benefit payments on the basis of:
 - *dentally necessary*, usual and customary fees; or
 - relative-value, schedule-reimbursement methodology; or
 - other similar reimbursement methodology,any amount in excess of the highest reimbursement amount for a specific benefit is not an *allowable expense*.
- If a *covered person* is covered by 2 or more *plans* that provide benefits or services on the basis of negotiated fees, an amount in excess of the highest of the negotiated fees is not an *allowable expense*.
- If a *covered person* is covered by one *plan* that calculates its benefits or services on the basis of:
 - *dentally necessary*, usual and customary fees; or
 - relative-value, schedule-reimbursement methodology; or
 - other similar reimbursement methodology; and
 - another *plan* that provides its benefits or services on the basis of negotiated fees;the *primary plan*'s payment arrangement will be the *allowable expenses* for all *plans*.

However, if the provider has contracted with the *secondary plan* to provide:

- the benefit or service for a specific negotiated fee; or
- payment amount that is different than the *primary plan*'s payment arrangement; and

COORDINATION OF BENEFITS (continued)

i if the provider's contract permits,

the negotiated fee or payment shall be the *allowable expenses* used by the *secondary plan* to determine its benefits.

- The amount of any benefit reduction by the *primary plan* because a *covered person* has failed to comply with the *plan* provisions is not an *allowable expense*. Examples of these types of *plan* provisions include:

i any required second opinion,

i some form of predetermination of *treatment*, and

i preferred provider arrangements.

Birthday refers only to month and day in a calendar year and does not include the year of birth.

Claim means a request that benefits of a plan be provided or paid. The benefits claimed may be in the form of:

- services (including supplies); or
- payment for all or a portion of the expenses incurred; or
- combination of services or expenses shown above; or
- indemnification.

Claim period means a calendar year. A *claim period* will not start before a person's effective date of insurance under *this plan* nor extend beyond the last day the person is covered under *this plan*.

Closed-panel plan is a *plan* that provides dental care benefits to a *covered person* primarily in the form of services through a panel of providers that

- have contracted with or are employed by the *plan*, and
- excludes coverage for services provided by other providers, except in cases of emergency or referral by a panel member.

Consolidated Omnibus Budget Reconciliation Act of 1985 or "COBRA" means coverage provided under a right of continuation compliant with federal law.

Custodial parent is the parent awarded custody by a court decree or, in the absence of a court decree, is the parent with whom the child resides more than one-half of the calendar year excluding any temporary visitation.

1

Medicaid means Title XIX of the Social Security Act of 1965 as amended.

1

Plan means any of the following that provides benefits or services for dental care or *treatment*:

- Group [and non-group] insurance contracts, dental service prepayment coverage, or subscriber plans;
- Dental Maintenance Organization (DMO) contracts [or Health Maintenance Organization (HMO) contracts];

1

COORDINATION OF BENEFITS (continued)

1

- *Closed-panel plans* or other forms of group or group-type coverage, as permitted by law or regulation (whether insured or uninsured);
- Dental benefits under group or individual automobile contracts, as permitted by state law or regulation;] and
- Medicare or any other federal governmental plan, as permitted by law.

If separate contracts are used to provide coordinated coverage for members of a group, the separate contracts are considered parts of the same *plan* and there is no COB among those separate contracts.

2

Plan does not include any of the following:

- [Hospital indemnity coverage or other fixed indemnity coverage;
- Accident-only coverage;
- Specified disease or specified accident coverage;
- Limited benefit health coverage, as defined by state law;
- School accident-type coverage;
- Benefits for non-dental services provided under long-term care coverage;
- Medicare supplement coverage;
- A state plan under Medicaid; or
- Coverage under a governmental plan, which, by law, provides benefits that are in excess of those of any private insurance plan or other non-governmental plan.]

Each contract for coverage shown above is a separate *plan*. If a *plan* has two parts and COB rules apply only to one of the two, each of the parts is treated as a separate *plan*.

Primary plan means the *plan* that pays or provides its benefits first, according to its terms of coverage and without regard to benefits under any other *plan*.

Except as provided below, a *plan* that does not contain a COB provision that is consistent with *this provision* is always the *primary plan* unless the provisions of both *plans* state that the *plan* with a COB provision is the *primary plan*.

Coverage that is obtained by virtue of membership in a group that is:

- designed to supplement a part of a basic package of benefits, and
- provides this supplementary coverage,

3

shall be excess to any other parts of the *plan* provided by the [*policyholder*].

An example of this type of situation is insurance-type coverage that is written in connection with a *closed-panel plan* to provide out-of-network benefits.

Secondary plan means the *plan* that determines its benefits after those of another *plan* and may reduce

COORDINATION OF BENEFITS (continued)

the benefits it pays so that all *plan* benefits do not exceed 100% of the total *allowable expenses* incurred by a *covered person* during the *claim period*.

This plan means the benefits provided by the *policy*. When there are more than two *plans*, *this plan* may be a *primary plan* to one or more other *plans*, and may be a *secondary plan* to a different *plan(s)*.

This provision means the provision for coordination between the benefits of *this plan* and other *plans*.

Other definitions that may apply to *this provision* appear in the Definitions provisions of this *policy*.

Order of Benefit Determination

When a *covered person* has dental care coverage under more than one *plan*, each *plan* determines its order of benefits using the first of the following rules that apply:

1. Non-Dependent or Dependent

The *plan* that covers the person other than as a dependent, e.g., as an employee, member, policyholder, subscriber or retiree is the *primary plan* and the *plan* that covers the person as a dependent is the *secondary plan*.

1

However, if

- a *covered person* is a Medicare beneficiary and,
 - as a result of federal law,
 - Medicare is secondary to the *plan* covering the person as a dependent; and
 - primary to the *plan* covering the person as other than a dependent (e.g., a retired employee or member);
- then, the order of benefits between the two *plans* is reversed so that
- the *plan* covering the person as an employee, member, policyholder, subscriber or retiree is the *secondary plan*, and
 - the other *plan* is the *primary plan*.

2. Dependent Child Covered Under More Than One Plan

Unless there is a court decree stating otherwise, when a dependent child is covered by more than one *plan* the order of benefits is determined as follows:

- For a *covered dependent* child whose parents are married or are living together, whether or not they have ever been married:
 - The *primary plan* is the *plan* of the parent whose *birthday* falls earlier in the calendar year; or
 - If both parents have the same *birthday*, the *primary plan* is the *plan* that has covered the parent the longest.

COORDINATION OF BENEFITS (continued)

4

- For a *covered dependent* child whose parents are divorced or separated or not living together, whether or not they have ever been married:
 - i If a court decree states that one of the parents is responsible for the dependent child's dental care expenses or dental care coverage and the *plan* of that parent has actual knowledge of those terms, that *plan* is the *primary plan*. This rule applies to *plan* years commencing after the *plan* is given notice of the court decree;
 - i If a court decree states that both parents are responsible for the *covered dependent* child's dental care expenses or dental care coverage, benefits will be determined according to the *birthday* rule described above;
 - i If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the dental care expenses or dental care coverage of the *covered dependent* child, benefits will be determined according to the *birthday* rule described above; or
 - i If there is no court decree allocating responsibility for the dependent child's dental care expenses or dental care coverage, the order of benefits for the child are as follows:
 - The *plan* covering the *custodial parent*;
 - The *plan* covering the spouse [or *domestic partner*] of the *custodial parent*;
 - The *plan* covering the non-*custodial parent*; and then
 - The *plan* covering the spouse [or *domestic partner*] of the non-*custodial parent*.
- For a *covered dependent* child covered under more than one *plan* of individuals who are not the parents of the child, benefits will be determined according to the *birthday* and longer or shorter rules, as if those individuals were the parents of the child.

5

[3.] Active Employee or Retired or Laid-off Employee

- The *primary plan* is the *plan* that covers a person as an active employee, e.g., an employee who is neither laid off nor retired.
- The *secondary plan* is the *plan* covering that same person as a retired or laid-off employee.

The same would hold true if a person is a dependent of an active employee and that same person is a dependent of a retired or laid-off employee.

If the other *plan* does not have this rule, and therefore, the *plans* do not agree on the order of benefits, this rule is ignored. This rule does not apply if the rules described in item 1 above can determine the order of benefits.

COORDINATION OF BENEFITS (continued)

5

[4.]

COBRA or State Continuation Coverage

If a *covered person* has coverage provided under

- COBRA, or
- continuation provided by state or other federal continuation law, and

is covered under another *plan*, then

- the *primary plan* is the *plan* covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree, and
- the *secondary plan* is the plan providing coverage under COBRA, state or other federal continuation law.

If the other *plan* does not have this rule, and therefore, the *plans* do not agree on the order of benefits, this rule is ignored. This rule does not apply if the *birthday* rule can determine the order of benefits.

5

[5.]

Longer or Shorter Length of Coverage

- The *primary plan* is the *plan* that covered the person as an employee, member, policyholder, subscriber or retiree longer.
- The *secondary plan* is the *plan* that covered the person the shorter length of time.

If none of the rules described above determine the order of benefits, the *allowable expenses* shall be shared equally between the *plans* meeting the definition of *plan*. In addition, *this plan* will not pay more than it would have paid had it been the *primary plan*.

Effect on Benefits

When *this plan* is the *secondary plan*, it may reduce its benefits so that the total benefits paid or provided by all *plans* during a *claim period* are not more than the total *allowable expenses*.

In determining the amount to be paid for any *claim*, the *secondary plan* will calculate the benefits it would have paid in the absence of other dental care coverage and apply that calculated amount to any *allowable expense* under its *plan* that is unpaid by the *primary plan*. The *secondary plan* may then reduce its payment by the amount so that, when combined with the amount paid by the *primary plan*, the total benefits paid or provided by all *plans* for the *claim* do not exceed the total *allowable expense* for that *claim*.

In addition, the *secondary plan* shall credit to its *plan* deductible any amounts it would have credited to its deductible in the absence of other dental care coverage.

If a *covered person* is enrolled in two or more *closed-panel plans* and if, for any reason, including the provision of service by a non-panel provider, benefits are not payable by one *closed panel plan*, COB shall not apply between that *plan* and other *closed-panel plans*.

If a *covered person* is covered by more than one dental benefit *plan*, the person should file all claims with each *plan*.

COORDINATION OF BENEFITS (continued)

Right to Receive and Release Needed Information

Certain facts about dental care coverage and services are needed to apply the rules of *this provision* and to determine benefits payable under *this plan* and other *plans*. We may get the facts we need from or give them to other organizations or persons for the purpose of:

- applying the rules of *this provision*; and
- determining benefits payable under this *plan* and other *plans* covering the person claiming benefits.

We need not tell, or get the consent of, any person to do this. Each person claiming benefits under *this plan* must give us any facts we need to apply those rules and determine benefits payable.

Facility of Payment

A payment made under another *plan* may include an amount that should have been paid under *this plan*. If it does, we may pay that amount to the organization that made that payment. That amount will then be treated as though it were a benefit paid under *this plan*. We will not have to pay that amount again. The term "payment made" includes providing benefits in the form of services, in which case "payment made" means the reasonable cash value of the benefits provided in the form of services.

Right of Recovery

If we pay more than we should have paid under *this provision*, we may recover the excess from one or more of the persons it has paid or for whom it has paid. Or, we may recover the excess from any other person or organization that may be responsible for the benefits or services provided for a *covered person*. The amount of the payments made includes the reasonable cash value of any benefits provided in the form of services.

CLAIM PROVISIONS FOR DENTAL INSURANCE

Payment of Benefits

We will pay benefits immediately upon receipt of all the required proof of covered loss.

To Whom Payable

If benefits have been assigned to the providers, we will pay dental benefits directly to the providers of dental services for *treatment* of a *covered person*. We will pay dental benefits to you, if benefits have not been assigned to the providers. After your death, we have the option to pay any benefits due to your spouse [or *domestic partner*], to the providers of the *treatment*, or to your estate.

1

2

Authority

The [*policyholder*] delegates to us and agrees that we have the sole discretionary authority to determine eligibility for participation or benefits and to interpret the terms of the *policy*. All determinations and interpretations made by us are conclusive and binding on all parties.

Filing a Claim

1. The *covered person* or the *dentist* should send us notice of claim for dental *treatment*. We must have written notice of any insured loss [within 30 days] after it occurs, or as soon as reasonably possible. Notice can be sent to [our *home office*, one of our regional claims offices, or to one of our agents]. We need enough information to identify the *covered person*.

3

4

2. [Within 15 days] after the date of the notice, we will send the *covered person* certain claim forms. The forms must be completed and sent to [our *home office* or one of our regional claims offices]. If the claim forms are not received [within 15 days], we will accept a written description of the exact nature and extent of the loss.

4

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3. The time limit for filing a claim is [90 days] after the date of the loss.

6

4. To decide our liability, we may require:

- | itemized bills,
- | proof of benefits from other sources, and
- | proof that the *covered person* has applied for all benefits from other sources, and that the *covered person* has furnished any proof required to get them.

For dental expenses, we may require additional information to determine our liability, including, but not limited to:

- | a complete dental charting indicating extractions, missing teeth, fillings, prosthesis, periodontal pocket depths, orthodontic relationship and the dates work was previously performed, and
- | preoperative x-rays, study models, laboratory and/or hospital reports.

CLAIM PROVISIONS FOR DENTAL INSURANCE (continued)

We will ask the *covered person* to authorize the sources of medical and dental services to release medical information. If the *covered person* does not furnish any required information or authorize its release, we will not pay benefits.

If it is not reasonably possible to give proof on time, we will not deny or reduce the claim if the *covered person* gives us proof as soon as reasonably possible.

Limit on Legal Action

No action at law or in equity may be brought against the *policy* until at least [60 days] after the *covered person* files proof of loss. No action can be brought after the statute of limitations has expired in the *covered person's* state, but, in any case, not after [3 years] from the date of loss.

7

Review Procedure

If a claim is denied, in whole or in part, the *covered person* may request that we review the denial. A written request for review must be made within [180 days] after notice of denial has been received. A court may not review a denial until our internal review has been completed. It is important that a request for a review is made on a timely basis.

8

A *covered person* has the right to see, upon request and free of charge, copies of all documents, records, and other information relevant to a claim for benefits. In connection with a request for a review of a denial, the *covered person* may submit written comments, documents, records and other information relating to a claim for benefits.

We will review a claim after receiving the request and any accompanying documentation, and send notice of our review decision within [30 days] after we receive the request, or within [60 days] if special circumstances require an extension. We will state the reasons for our review decision and refer to the relevant provisions of the *policy*. We will also advise the *covered person* of any further internal review procedures, if applicable.

8

Incontestability

The validity of the *policy* cannot be contested after it has been in force for [2 years], except if premiums are not paid.

7

In the absence of fraud, any statement made by the [*policyholder*] or a *covered person* will be considered a representation. It is not considered a warranty or guarantee. A statement will not be used in a dispute unless it is written and signed, and a copy is given to the *covered person*.

9

No statement, except fraudulent misstatement, made by a *covered person* about insurability will be used to deny a claim for a loss incurred after coverage has been in effect for [2 years].

7

No claim for loss starting [2 or more years] after the *covered person's* effective date may be reduced or denied because a disease or physical condition existed before the person's effective date, unless the condition was specifically excluded by a provision in effect on the date of loss.

7

Overpayment

If a benefit is paid under the *policy* and it is later shown that no payment, or a lesser amount, should have been paid, we will be entitled to a refund from the provider or the *covered person* of any amounts that should not have been paid.

TABLE OF CONTENTS

Listing of Statements of Variability Included for Dental Forms GP-12 Den, et al

GP-12 Den, PFP	2
GC-12 Den, CFP	3
Ben Note Den – (No SOV)	NA
TOC Den - (No SOV – generated based on coverage)	NA
Ben Info	4
Def Gen Den.....	5
Den Def	7
Sum Den.....	8
Schd Den	9
ETPT Den.....	12
ETP Den	13
DETP Den	15
Cont Den.....	17
Den BP AR	18
COC Den	23
COB Den	24
CIm Pro Den.....	25
Gen Pro Den.....	26
PGen Pro Den	27
Premium Den.....	28
Amd Den.....	29
Cend Den	30
App Pol Den	31

Union Security Insurance Company
Statement of Variations
Policy Form GP-12 Den PFP

The variable and illustrative material in Policy Form GP-12 Den PFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will reflect the state in which Union Security Insurance Company is domiciled.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific policy number that we assign for identification purposes.
4. This item will reflect the state in which the policy is issued.
5. This item will reflect the effective date of the policy for the specific group.
6. This item will reflect when premiums are due for the specific group.
7. This item will reflect the policy anniversary for the specific group.
8. This item will reflect the coverage(s) included in the policy.
9. This item will reflect the current company officers and their titles.
10. This item will reflect the address where Union Security Insurance Company's home office is located.

Union Security Insurance Company
Statement of Variations
Certificate Form GC-12 Den CFP

The variable and illustrative material in Certificate Form GC-12 Den CFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be changed to reference the Schedule or as shown below.
2. This item will reflect the state in which Union Security Insurance Company is domiciled.
3. This item will indicate the name of the specific policyholder.
4. This item will indicate the name of the specific participating employer or will be deleted if there is no participating employer.
5. This item will indicate the specific policy number that we assign for identification purposes.
6. This item will indicate the specific participation number that we assign for identification purposes or will be deleted.
7. This item will indicate the specific account number that we assign for identification purposes or will be deleted.
8. This item will indicate the specific name of the covered person or will be deleted.
9. This item will indicate the specific covered person's number that we assign for identification purposes or will be deleted.
10. This item will reflect the effective date of the certificate or may be deleted or reference the Schedule or the Benefit Information page for the effective date.
11. This item will reflect the coverage(s) included in the certificate.
12. This item will reflect a current company officer's signature and title.
13. This item will reflect the address where Union Security Insurance Company's home office is located.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Ben Info

The variable and illustrative material in Certificate Insert Form Ben Info has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the specific information for a covered person, including the person's name, the specific policy number and person's number that we assign for identification purposes and the specific group's name. The person's number may be deleted if not used for a particular group. We may also add reference to a participating employer's name and participation number, if appropriate.
2. This item will appear as shown, may be deleted or may be changed to a different term such as "Current."
3. This item will appear as shown or may be changed to a different term such as "Benefit Amount" or "Benefit Level."
4. This item will reflect the coverage(s) included in the certificate, the effective date and maximum benefit. The maximum benefit may appear as shown, be changed to N/A or may include actual amounts or reference a level of coverage selected. Employee may be changed to member.
5. This item will appear as shown, either item may be deleted, or employer may be changed to another term such as policyholder or association.
6. This item may be included as shown, be deleted, or changed to show a different form number for internal identification purposes or to include a date.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def Gen Den

The variable and illustrative material in Policy/Certificate Insert Form Def Gen Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder, associated company or participating employer, if not applicable for a particular group. Reference to "full-time basis" may be changed to "full-time or part-time basis." A sentence may be added to state active work does not apply to a particular class of insureds (such as retirees).
2. This item may be included as shown, omitted entirely, changed to delete reference to policyholder or participating employer, if not applicable for a particular group, or add reference to the participating employer's application. This item may also be changed to delete either the phrase "owned by or" or the phrase "or affiliated with".
3. This item may be included as shown, omitted entirely if coverage is noncontributory, or changed to delete "part" or "or all."
4. This item may be included as shown or omitted entirely if a group does not elect dependent coverage.
5. This item may be included as shown or reference to employee, member, policyholder, associated company, or participating employer may be omitted if not applicable for a particular group. The last sentence may be omitted entirely if the group does not elect dependent coverage.
6. This item may be included as shown or may be omitted entirely if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other. The agreement name may be changed. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, if the employer has its own agreement, we may refer to both.
7. This item may be included as shown or either "employment" or "membership in a group" may be omitted if not applicable for a particular group.
8. This item may be included as shown or omitted entirely. The number of hours required for full-time work may range from 15 to 40 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
9. This item may be included as shown or may be revised to show another location.
10. This item may be included as shown or omitted entirely if coverage is contributory. Reference to either policyholder or participating employer may be deleted, if not applicable for a particular group.
11. This item may be included as shown or omitted entirely. The number of hours required for part-time work may range from 10 to 30 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
12. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business.

13. This item may be deleted or changed to include the appropriate name of the trust.
14. This item may be included as shown or reference to employee, member, policyholder, associated company, or participating employer may be omitted if not applicable for a particular group.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Den Def

The variable and illustrative material in Certificate Insert Form Den Def has been indicated by boxes and brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. The allowable charge definition used will depend upon the plan type selected. In the third definition, the percentage and percentile figures shown may be increased or decreased. The percentage can range from 5%-45%, and the percentile can range from 50 to 90.
2. This information may be modified to reflect a different 12 month time period.
3. This listing may be modified to request additional information.
4. These definitions will not appear if the network provider plan option is not elected.
5. This definition may be deleted when optional orthodontic coverage is not provided.
6. This definition may appear as shown or deleted entirely.
7. These definitions will not appear if the network provider plan option is not elected.
8. The list of procedures covered may be modified.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Sum Den

The variable and illustrative material in Policy/Certificate Insert Form Sum Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or omitted entirely if waiting periods do not apply.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd Den

The variable and illustrative material in Policy/Certificate Insert Form Schd Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered or eligible dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to low or high plan may be deleted if a low or high plan option is not selected.

The policyholder may specify only a certain class or classes of employees are eligible for certain plans or the employee may elect from one or more Plans offered by the policyholder.

1. The items within the box may be included or deleted in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's or participating employer's specifications, but will be based on factors pertaining to current or former employment or membership in a group (e.g., other such eligible groups). "Policyholder" may be changed to "participating employer" (or other appropriate entity). "For employee insurance" may be changed to "For member insurance." Reference to an "associated company" may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees or member are eligible for dependent insurance. Reference to a person refusing coverage may appear as shown for noncontributory coverage if participation for the group is less than 100% or may be omitted entirely.
3. This item may appear as shown or may be deleted entirely. Reference to an "application" may be changed to other terminology such as "participation agreement". The eligibility of the participating employer may be added. Reference to employee may be changed to member or other covered person.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer, other appropriate entity or as indicated in the participating employer's application may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months or as indicated in the participating employer's application subject to our approval and may vary by class. Dates may be added, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually, a specific date or as indicated in the participating employer's application and approved by us. It may also vary by class. This may be deleted in the Certificate. Examples are shown for immediate, first of the month, billing period and a specific date.

Policy/Certificate Insert Form Schd Den

Page 2

7. This will appear as shown or deleted entirely. If shown, this will reflect the effective date of the certificate.
8. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number of employees or members may be included or deleted and may be changed (but not less than 2 lives), depending on the size of the group and the type of group such as employer or other eligible group, subject to state law. The Number may also vary to indicate the number of participating employers or indicate the percentage of participating employers or members.
 - the Percentage may be included or deleted and may range from None - 100%, depending on whether the insurance is contributory or noncontributory.
 - the Number and/or Percentage may be different at issue versus after the effective date of the policy.
9. The "Note" sentence under Minimum Participation Requirements may appear as shown or omitted entirely. "Policyholder" may be changed to "participating employer" (or other appropriate entity).
10. The Dental Insurance heading and the items below the heading will only appear in the certificate and not the policy.
11. The Schedule High Plan heading may be changed to Schedule Low Plan or may be omitted entirely.
12. The Deductible Amounts may appear as shown or be modified as follows:
 - The Individual Deductible amounts may range from \$0 to \$300.
 - The Maximum Family Deductible may be deleted or modified to 2 persons.
 - The Individual Deductible waiver may be applied to a different list of services or deleted.
 - The provision will vary depending on whether the network plan option is elected by the group.
13. The Coinsurance Percentages provision will vary as follows:
 - One of the three versions will be used depending on the plan selected.
 - Under the first and third versions, the percentages will vary as follows:
 - from 50% - 100% for Preventive services
 - from 0% - 100% for Basic services
 - from 0% - 80% for Major services
 - 0% or 25% - 80% for Orthodontic services
 - Under the second version, the Class III services may increase differently.
 - Class II, Class III & IV Services may be deleted if not selected.
14. The Benefit Maximums provision will vary as follows:

- The Benefit Maximum version will vary depending on whether the network plan is elected.
 - The Benefit Maximums may vary from \$0 - \$5,000.
 - The maximums may be different under the network and out-of-network Plans.
 - The employee and dependent language may be modified to reflect other terminology or configurations in the number of dependents. Employee may be changed to member. The reference to domestic partner may be omitted entirely if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - The Overall Maximum Benefits will be removed if the plan elected by the group policyholder does not elect Bleaching of Teeth or Orthodontic Services.
 - The last sentence of each of the Benefit Maximums paragraphs regarding the dental expenses for Type I Dental Services not being applied toward the maximum(s) may be included or deleted.
 - One of the four Benefit Maximums paragraphs will be included and the others deleted depending on the plan elected by the group.
15. The Waiting Periods provision may appear as shown, deleted in its entirety or vary as follows:
- The Waiting Periods for Class II, III and IV Services may range from 3 - 24 months.
 - The Waiting Periods may be deleted for specific Class III Services and included as a single waiting period for all Class III Services.
 - The Waiting Periods for Class II, Class III and IV Services will be deleted if Waiting Periods do not apply to these classes of services.
 - Certain services may be deleted if there is no waiting period for that service or if that service is not covered.
16. These paragraphs may appear as shown or will be deleted in its entirety if the allowable charge option is not chosen.
17. The discounts on dental care products and Vision Plan may be included as shown or either item or both items may be deleted. The discounts on dental care products may be changed to modify the Internet address.
18. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
- Plan Changes may be deleted entirely if not applicable.
 - Any reference to a plan of insurance may be changed to the name of a specific plan.
 - Policyholder may be changed to participating employer (or other appropriate entity).
 - The effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us. The effective date may also be the date of the family status event which may be prior to the date of application.
 - The 31-day time period may be changed to 45, 60, 90 or 120 days.
 - One or more items in the definition of family status may be deleted or reference to other items may be added upon policyholder request.
 - Domestic partner language can be included in the change in family status definition upon policyholder request or as required by state law, or may be deleted if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - The last 2 paragraphs may be deleted if the waiting periods or late entrant limitations do not apply.
 - The child's birthday may be modified to be the child's second or fourth birthday.

Union Security Insurance Company
Statement of Variations
Policy Insert Form ETPT Den

The variable and illustrative material in Policy Insert Form ETPT Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, the term "participating employer" may be changed to another appropriate entity; and the term "employees" may be changed to "participants" or "members" or other appropriate terminology.

1. This item may appear as shown, or may be changed as follows:
 - delete one or more of the requirements
 - show a different minimum number of eligible employees required, ranging from 1-10 employees or as approved by us
 - add requirements such as nature of business, length of time in business, or membership in another group
 - change employer to participating employer
2. This item may appear as shown or may be changed as follows:
 - delete reference to dependents if not covered under the policy
 - delete reference to noncontributory insurance when only contributory insurance is being provided under the policy
 - deleted reference to contributory insurance when only noncontributory insurance is being provided under the policy
 - change the minimum number of eligible employees required under each open bulleted item, ranging from 1 – 10 employees, or add a percentage under each open bulleted item, ranging from 10% - 100%
 - change the percentage under the third open bulleted item, ranging from 10% - 100%
 - require a minimum percentage for all employees for contributory insurance
3. This item may appear as shown or be omitted entirely.
4. This item may appear as shown, may be omitted entirely or may be changed to indicate a different minimum number of employees, ranging from 1 – 10 employees.
5. This item may appear as shown, or the time period may be increased, with a range of 31 – 90 days.
6. This item may appear as shown or may be omitted entirely. The time period may be increased, with a range of 31 – 90 days.
7. This item may be included as shown or may be changed to increase the number of days, with a range of 31 – 90 days.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form ETP Den

The variable and illustrative material in Certificate Insert Form ETP Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to:
 - require “continuous full-time service” in the 2nd bullet or include continuous full-time service as a temporary employee
 - add reference to participating employer
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - state that the Present Service Requirement applies on the Effective Date of the participating employer’s application or participation agreement
2. This item may appear as shown or may be deleted if only contributory insurance is provided in the policy. It may be modified as follows:
 - The phrase “shown in the Schedule” may be changed to “in the certificate”
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer’s application or another specific date
3. This item may appear as shown or the section on contributory insurance may be deleted if only noncontributory insurance is provided in the policy. If only contributory insurance is provided in the policy, reference to “For any contributory insurance” may be deleted. The phrase “part or all of the premium” may be changed to “part of the premium” or “all of the premium.”
4. This item may appear as shown or may be modified as follows:
 - The phrase “shown in the Schedule” may be changed to “in the certificate”
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer’s application or another specific date
5. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 31 – 120 days
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer’s application or another specific date
6. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 31 – 120 days
 - allow a person to enroll within a range of 31 - 120 days after coverage under another group

- policy ends
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer's application or another specific date
 - 24 month period may be modified, ranging from 6-24 months, or may be deleted or not apply if application is made during an annual enrollment
 - require that late entrants apply during an annual enrollment period or to wait until a time specified by the policyholder to apply for insurance
 - delete reference to Late Entrant Limitation
7. This item may appear as shown or may be changed to "employer's" or "participating employer's" effective date, or participating employer's application or other appropriate terminology.
8. The Exception to Effective Date may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
9. This item may appear as shown or may be changed as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary. Several examples are included.
 - references to "participating employer" and "participating employer's application" will be deleted or "participating employer" may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participating employer's agreement" or other appropriate terminology
 - for school groups, the active work item may be modified so if the person renews his or her contract for the next school year, insurance can continue even though the person stops active work during the summer recess
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted.
10. This item may be included as shown, omitted entirely, or be changed as follows:
- the time period may be modified, ranging from 1 – 24 months
 - other applicable eligibility requirements may also be waived
 - this provision may only apply to certain class(es)

Union Security Insurance Company
Statement of Variations
Certificate Insert Form DETP Den

The variable and illustrative material in Certificate Insert Form DETP Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown or may be changed to:
 - delete reference to “unmarried” or “students”
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only
 - delete reference to “domestic partner” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - delete reference to “domestic partner’s children” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance
 - delete reference to residing with and dependent upon the insured for support and maintenance
3. This item may appear as shown, or “will not” may be changed to “may” when an eligible dependent may include a person who is a member of an eligible class. “Not” will be deleted when an eligible dependent can be covered by more than one covered person. Delete reference to “domestic partner” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other. The last paragraph may appear as shown or deleted entirely or the last sentence may be deleted.
4. This item may appear as shown or may be changed to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - omit reference to “your share of” the premium
 - the phrase “shown in the Schedule” may be changed to “in the certificate.”
 - change the period of time to range within 31 – 120 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, date of application or date signed, a billing period date, payroll deduction date, the entry date in the participating employer’s application, or another specific date

- allow a person to enroll within a range of 31 - 120 days after coverage under another group policy ends
 - third bullet may be changed to:
 - refer to a different length of time for application, ranging from 31 - 120 days
 - indicate that the insurance takes effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, a billing period date, payroll deduction date, the entry date in the participating employer's application or another specific date
 - allow a person to enroll within 31 - 120 days after coverage under another group policy ends
 - require enrollees to wait until a time specified by the policyholder or the participating employer to apply for insurance
 - requirement that application must be made during an annual enrollment period
 - 24 month period may be modified, ranging from 6-24 months, or may be deleted or not apply if application is made during an annual enrollment
 - delete reference to Late Entrant Limitation
 - delete reference to annual enrollment period
 - the child's birthday may range from the 2nd – 4th birthday
5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only.
6. This item may appear as shown or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary, or the end of the calendar year. Several examples are included.
 - references to "participating employer's application" and "participating employer" will be deleted or "participating employer" may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participating employer's participation agreement", or other appropriate terminology
 - reference to required contribution may be deleted if the coverage is non-contributory
 - one or more of the reasons insurance will end may be omitted

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Cont Den

The variable and illustrative material in Certificate Insert Form Cont Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown, be deleted entirely, or may be changed as follows:
 - reference to "policyholder" may be changed to "employer" or "participating employer" or other appropriate terminology
 - indicate this provision may only apply to certain class(es) or not apply to certain class(es)
 - reference to dependent insurance may be deleted
 - time periods shown may be changed by policyholder request, but will never exceed 24 months
 - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
 - one or more of the bulleted items may be deleted
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted.
2. This item may appear as shown or be deleted entirely. It may also be changed to:
 - allow subsequent proof to be given at our request
3. This item may appear as shown, may be omitted entirely, or changed to:
 - delete "the earliest of"; change "the earliest of" to "earlier of"; or delete one or more of the bulleted items;
 - show another time period ranging from 3rd calendar month to 6th calendar month or end of the calendar year
 - change the child's age, ranging from 21st - 30th birthday or allow coverage to continue until the end of the calendar month or calendar year in which the child attains the specified age
4. "policyholder" may be changed to "participating employer" or other appropriate terminology

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Den BP AR

The variable and illustrative material in Certificate Insert Form Den BP AR has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered or eligible dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout the form, the term "policyholder" may be changed to "participating employer" or other appropriate entity. Any reference to employee may be changed to member.

1. This provision may be deleted in its entirety if the network provider option is not elected.
2. Reference to the Maximum Family Deductible and the Maximum Family Deductible provision may appear as shown or be deleted in its entirety when not elected by a particular group. The references to orthodontic services in the Maximum Family Deductible provision will be deleted when orthodontic coverage is not provided.
3. This provision may appear as shown, the time period may range from 1 month to 4 months, or the provision may be deleted in its entirety.
4. This provision will appear as shown or may be deleted in its entirety depending on the plan selected. The last sentence may be included or deleted. In the second paragraph, if included, reference to orthodontic services may be deleted when orthodontic coverage is not provided. Employee may be changed to member.
5. These provisions may appear as shown or may be deleted in their entirety depending on the plan selected. The last sentence in each provision may be included or deleted. If included, reference to orthodontic services may be deleted when orthodontic coverage is not provided or reference to Class I: Preventive Services may be deleted when the Preventive Max Waiver option is not selected. Employee may be changed to member.
6. Any of these provisions will appear as shown or may be deleted in its entirety depending on the plan selected.
7. This paragraph will appear as shown or be deleted when orthodontia coverage is not elected by a particular group.
8. This language may appear as shown or be modified to remove information regarding the fee agreed upon by a network provider when a network provider plan is not elected by the policyholder.
9. This provision may appear as shown or modified as follows:
 - The heading may be deleted entirely or reference to class may be deleted.
 - Individual services except oral evaluations and dental prophylaxis may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - One of the two dental prophylaxis items will appear.
 - The genetic test service may appear as shown or deleted entirely.

- The frequency or time limitations on individual services may be increase or decreased as follows:
 - Oral evaluations can be limited to 1, 2, 3 or 4 times in a 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Intraoral complete series x-rays can be limited to 1 time in any 24 - 60 month period.
 - Bitewing x-rays can be limited to 1, 2, 3 or 4 times in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Dental prophylaxis can be limited to 1, 2, 3 or 4 times in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Topical fluoride treatment can be limited to 1 time in any 6 - 24 month period. "12 month period" can be changed to benefit year.
 - Sealants can be limited to 1 time per tooth in any 24 - 48 month period. "12 month period" can be changed to benefit year.
 - The age limitations on individual services may be modified as follows:
 - The age for topical fluoride treatment can range from 14 - 19 years of age.
 - The age for sealants can range from 14 - 19 years of age.
 - Additional ADA services not shown may be included in the list of covered services upon request.
10. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- Individual services may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - The subheadings Diagnostic Services, Endodontic Services, Periodontal Non-surgical Services, Periodontal Surgical Services, Oral Surgery Services, and Other Basic Services may appear as shown, moved to another Class of services or deleted entirely.
 - One of the 2 periodontal maintenance procedure items may be included, or this item may be deleted entirely.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - Intraoral periapical x-rays can be limited to 2 or 4 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Intraoral occlusal x-rays can be limited to 1 or 2 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Extraoral x-rays can be limited to 1 or 2 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Root canal can be limited to 1 time on the same tooth in any 12 or 24 month period.
 - Periodontal scaling and root planing can be limited to 1 time per quadrant of the mouth in any 24 or 36 month period.
 - Periodontal maintenance procedure can be limited to 1, 2, 3 or 4 dental prophylaxis or 1, 2, 3 or 4 periodontal maintenance procedure in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Stainless steel crowns can be limited to 1 time in any 24, 36 or 48 month period.
 - The age limitations on individual services may be modified as follows:
 - The age for pulpotomy can range from 14-19 years.
 - The age for stainless steel crowns can range from 14 – 19 years
 - Additional ADA services not shown may be included in the list of covered services upon request.
11. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- The subheading Restorative Services (Fillings) may appear as shown, moved to another Class of services or deleted entirely.

- Only one of the two composite restorations will appear.
 - All services may be moved to another Class of services or deleted from the list of covered services.
 - The last bullet referencing benefits for restorations on three or more surfaces may appear as shown or deleted entirely.
 - The limitations on individual services may be deleted.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - The time limit for the replacement of an existing amalgam restoration can be 12, 24, 36, or 48 months.
 - The time limit for the replacement of an existing composite restoration can be 12, 24, 36, or 48 months.
 - Additional ADA services not shown may be included in the list of covered services upon request.
12. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- The subheadings Inlay, Onlay, and Crown Restorations, Implant Services, Full and Partial Dentures (Removable), Fixed Partial Dentures (Bridges) and Other Major Services may appear as shown, moved to another Class of services or deleted entirely.
 - Individual services may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - One of the two porcelain crown items will appear.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - The replacement period for inlays and onlays can be 5, 7 or 10 years.
 - The replacement period for labial veneers can be 5, 7, or 10 years.
 - The replacement period for crowns can be 5, 7 or 10 years.
 - The replacement period for endosseous implants can be 5, 7 or 10 years.
 - The replacement period for full dentures can be 5, 7 or 10 years.
 - The replacement period for partial dentures can be 5, 7 or 10 years.
 - The limitation for denture adjustments can be 1 time in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - The limitation for relining or rebasing dentures can be 1 time in any 24, 36 or 48 month period.
 - The time limit for tissue conditioning can be increased to 24 or 36 months.
 - The replacement period for fixed bridges can be 5, 7 or 10 years.
 - The time limit for repairs or recementing of full or partial dentures, bridges, crowns and inlays can be increased to 24 or 36 months.
 - The limitation for bleaching of teeth can range from 1 time in any 24 - 48 month period.
 - The phrase "(includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)" may appear as shown, be deleted in its entirety, and the allowance for follow-up care can range from 6 months to 2 years.
 - The age limitations on individual services may be modified to a lower or higher age as follows:
 - The age limit for inlays and onlays can range from 14 - 18 years of age.
 - The age limit for crowns can range from 14 - 18 years of age.
 - The age limit for labial veneers can range from 14-18 years of age.
 - The age limit for fixed bridges can range from 14 - 18 years of age.

- The age limit for bleaching of teeth can range from 14 - 18 years of age.
 - Additional ADA services not shown may be included in the list of covered services upon request.
13. This provision may appear as shown, be deleted in its entirety or be modified as follows:
- The list of covered services may be expanded or individual services may be deleted.
 - Orthodontic coverage may also be provided to covered spouses and/or insured employees.
 - Coverage may be provided for the retention of orthodontic relationships.
 - One of the two paragraphs that reference the Benefit Year Maximum or the Individual Benefit Year Maximum and Family Share Benefit Year Maximum will be included and the other deleted.
 - The percentages paid for initial installments can range from 10% - 25%, and the percentages for the remaining installments can range from 75% - 90%.
14. The dollar amount under Pre-estimate may range from \$100 - \$500.
15. The Special Limitations section may be deleted in its entirety.
16. The Waiting Period for Timely Applicants may be appear as shown, deleted in its entirety, or may be modified as follows:
- The time period for enrollment may range from 31 days to 120 days.
 - Coverage may be deferred for an entire Class or deferred for groups of services within a Class.
 - Reference to orthodontic treatment may be included or deleted. The last paragraph may be included or deleted. Reference to any class may be included or deleted.
17. The Late Entrant Limitation may appear as shown, be deleted in its entirety, or may be modified as follows:
- The time period for enrollment may range from 31 days to 120 days.
 - The time periods for deferral of coverage may range from 3 months to 24 months.
 - The services for which coverage is deferred may be modified.
18. This provision will appear as shown or be deleted in its entirety.
19. The bracketed material will be removed if the bleaching option is not chosen.
20. The bracketed material may be deleted if periodontal surgery is not covered.
21. The bracketed material will be removed if the bleaching option is not chosen and the frequency limitation can range from 24 - 48 months.
22. The time period may range from 3 years to 5 years.
23. This exclusion may be removed if implant coverage is provided.
24. This exclusion may be removed if occlusal guard coverage is provided.
25. This exclusion may be removed if orthodontic coverage is provided.

26. This exclusion may appear as shown, be deleted in its entirety, or the dollar amount may range from \$100 to \$300.
27. This provision may appear as shown, be modified to remove the orthodontia references, modified to expand the period of time for extension up to 60 days, or modified to remove the bracketed material at the end of the final sentence of the provision. One of the two paragraphs that reference the Benefit Year Maximum or the Individual Benefit Year Maximum and Family Share Benefit Year Maximum will be included and the other one deleted.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form COC Den

The variable and illustrative material in Certificate Insert Form COC Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or be modified to change policyholder's to participating employer's.
2. This item may appear as shown or may be modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology.
3. This item may appear as shown or be changed as follows:
 - modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology
 - modified to delete the first bullet if active work does not apply
4. The number of days may range from 31 –120 days.
5. This item may appear as shown or be changed as follows:
 - modified to delete the first part of the sentence if active work does not apply
 - modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology
6. This item may appear as shown, be omitted entirely when dependent insurance is not provided, may be changed to reflect the participating employer's participation agreement or application or other appropriate terminology instead of policy or the number of days may range from 31-120 days.
7. This item may appear as shown, be omitted entirely or be modified to change policyholder's to participating employer's.
8. This section may appear as shown, be omitted entirely if the plan does not contain such limitations, or may be changed as follows:
 - modified to remove the late entrant penalty if application is made within the required number of days of the plan effective date
 - modified to change policy to participating employer's participation agreement or application or other appropriate terminology
 - the number of days may range from 31 –120 days
9. This item may appear as shown or deleted entirely.
10. The information regarding orthodontia under the Maximum Benefit Credit section may be removed if orthodontia coverage is not provided or modified to change policyholder's to participating employer's or other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form COB Den

The variable and illustrative material Certificate Insert Form COB Den has been indicated by boxes or brackets. The variable material, which needs explanation, is shown below.

1. This language will appear as is, or deleted entirely.
2. References to plans that prohibit the coordination of benefits may be removed, in accordance with state law or regulation.
3. This item will appear as is, or changed to "participating employer" or other appropriate entity.
4. The rules for the Order of Benefit Determination may be modified due to changes in regulatory requirements or upon acceptable policyholder requests, and the items renumbered accordingly. The reference to domestic partner may be deleted entirely if domestic partners are not covered, or the term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
5. The rules for the Order of Benefit Determination may be modified due to changes in regulatory requirements or upon acceptable policyholder requests, and the items renumbered accordingly.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Clm Pro Den

The variable and illustrative material in Certificate Insert Form Clm Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. The reference to domestic partner may be deleted entirely if domestic partners are not covered, or the term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
2. This item will appear as shown or may be deleted entirely. Policyholder may be changed to participating employer.
3. This time period may be increased from 30 days to 60 days.
4. This item may appear as shown, or locations may be omitted entirely.
5. This time period may range from 10 days to 15 days.
6. This time period may be increased from 90 days to 120 days.
7. This item may appear as shown or the time frames may be changed to comply with any state requirements.
8. This item may appear as shown or changed to comply with any federal requirements.
9. This item may appear as shown or may be changed to include reference to a participating employer, or policyholder may be changed to participating employer.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Gen Pro Den

The variable and illustrative material in Policy Insert Form Gen Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to include reference to a participating employer (or other appropriate entity), or "policyholder" may be changed to "participating employer" (or other appropriate entity).
2. This item may be included as shown or may be omitted entirely. If included, reference to an employer or associated company may be deleted, or reference to a participating employer or other appropriate entity may be added.

Union Security Insurance Company
Statement of Variations
Policy Insert Form PGen Pro Den

The variable and illustrative material in Policy Insert Form PGen Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be deleted entirely.
2. This item may appear as shown or may be changed to read "policyholder or participating employer" or "policyholder and participating employer", or another appropriate entity or entities.
3. This item may be included as shown or may be changed to read "the date."
4. This item may be included as shown or may be deleted entirely.
5. This item may appear as shown, may be deleted entirely, "the date" may be deleted entirely, or the time period may be increased to 45, 60 or 90 days.
6. This item may appear as shown or may be changed to show the minimum participation requirements here instead of in the Schedule.
7. This item may be included as shown or the time period may be increased to 45, 60 or 90 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Premium Den

The variable and illustrative material in Policy Insert Form Premium Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. Policyholder may be changed to participating employer. "In advance" may appear as shown or be changed to allow the policyholder to pay premiums in arrears.
2. The phrase "or administrators" may appear as shown or be deleted in its entirety.
3. Policyholder may be changed to participating employer. This time period 31 days may be increased to a maximum of 90 days.
4. Policyholder may be changed to participating employer.
5. This item may appear as shown or be increased to the second or third policy anniversary; it may be changed, ranging from 12 - 36 consecutive months or changed to accommodate the policyholder's effective date.
6. This item may appear as shown or deleted entirely if there is no premium rate adjustment cap. The policy anniversary may be increased to the second or third policy anniversary; it may be changed, ranging from 12 - 36 consecutive months or changed to accommodate the policyholder's effective date. The premium rate adjustment cap percentage may be decreased to 7% or be changed to another percentage agreed upon by the policyholder and us.
7. This item may appear as shown or may be changed to show a different period of time, ranging from 12 - 36 consecutive months.
8. This item may appear as shown; the time period may be increased up to a maximum of 90 days; or reference to policyholder may be changed to other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd Den

The variable and illustrative material in Policy Amendment Form Amd Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.
14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend Den

The variable and illustrative material in Certificate Endorsement Form Cend Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

Union Security Insurance Company
Statement of Variations
Policy Insert Form App Pol Den

The variable and illustrative material in Policy Insert Form App Pol Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the name of the specific policyholder.
2. This item will indicate the specific policy number that we assign for identification purposes.
3. This item will reflect the number of lives and/or number of participating employers required for the policy to take effect, subject to state law. The number may be changed but will not be less than 2 lives, depending on the size of the group and the type of group such as employer or other eligible group.
4. This item may be included as shown or deleted entirely. If included, it will reflect the participation of the group required for the policy to take effect, subject to state law. It can range from 10 to 100%.
5. This item may be included as shown if more than one dental plan is offered by us or deleted entirely if only one plan is offered by us. Policyholder's may be changed to participating employer's.
6. There will be two copies of the Application page. One will include "This copy is to remain attached to the *policy*." and the other page will include "This copy is to be returned to the *home office*."
7. This item will reflect the address where Union Security Insurance Company's home office is located.

GROUP DENTAL INSURANCE POLICY

Union Security Insurance Company agrees to provide the insurance described in this and the following pages of the *policy*, subject to payment of premiums. This *policy* is a legal contract between Union Security Insurance Company and the *policyholder*.

READ THE POLICY CAREFULLY. This cover sheet provides only a brief outline of some of the important features of your coverage. The *policy* sets forth, in detail, the rights and obligations of both the *policyholder* and the insurance company. IT IS THEREFORE IMPORTANT TO READ THE POLICY.

Union Security Insurance Company is domiciled in the State of [Kansas]. 1

Policyholder: [ABC Company] 2

Policy Number: [G 0,000,000] 3

Delivered In: 4 [State Name] and governed by its laws, unless otherwise preempted by federal law.

Effective Date: 5 [November 1, 2012] - The date the *policy* takes effect at 12:01 a.m. which is also its date of issue.

Premium Due Dates: The first premium is due on the Effective Date. [Future premiums are due on the first day of each month after that.] 6

Policy Anniversary: [November 1, 2013], and each [November 1] after that at 12:01 a.m. 7

Insurance Provided: Group Dental Insurance [– *Contributory/Noncontributory*] 8
[Group Dental Insurance for Dependents – *Contributory/Noncontributory*]

[signature] 9

[Secretary]

[signature]

[President and Chief Executive Officer]

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670] 10

TABLE OF CONTENTS

GENERAL DEFINITIONS.....	3
SUMMARY OF GROUP DENTAL INSURANCE	4
SCHEDULE	5
PARTICIPATING EMPLOYER ELIGIBILITY AND TERMINATION PROVISIONS	6
Eligible Participating Employers	6
Eligibility Requirements	6
Participation Requirements	6
When a Participating Employer's Insurance Ends	6
GENERAL PROVISIONS.....	8
Entire Contract.....	8
Errors	8
Misstatements.....	8
Certificates	8
Workers' Compensation	8
Agency.....	8
Changing the Policy	9
Required Data.....	9
Policyholder's Assignment.....	9
When the Policy Ends	9
PREMIUMS	10
Premium Payments	10
Grace Period.....	10
Calculation of Premiums.....	10
Our Right to Change Premium Rates.....	10
APPLICATION	11]

GENERAL DEFINITIONS

These terms have the meanings shown here when *italicized*. The pronouns "we", "us", "our", "you", and "your" are not *italicized*.

[*Active work* means the expenditure of time and energy for the *policyholder* or *participating employer* or an *associated company* at your usual place of business on a *full-time* basis.]

1

[*Associated company* means any company shown in the *policy* which is owned by or affiliated with the *policyholder* or *participating employer*.]

2

[*Contributory* means you pay part or all of the premium.]

3

[*Covered dependent* means an *eligible dependent* who is insured under the *policy*.]

4

Covered person means an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage. [It also includes any *covered dependent*.]

5

[*Domestic partner* means a person defined in the *policyholder's* Declaration of Domestic Partnership agreement.]

6

Eligible class means a class of persons eligible for insurance under the *policy*. This class is based on [employment or membership in a group].

7

[*Full-time* means working at least 20 hours per week, unless indicated otherwise in the *policy*.]

8

Home office means [our office in Kansas City, Missouri].

9

[*Noncontributory* means the *policyholder* or *participating employer* pays the premium.]

10

[*Part-time* means working at least 15 hours per week, unless indicated otherwise in the *policy*.]

11

[*Participating employer* means an employer who has met all the eligibility requirements.]

12

Policy means all:

- policy provisions;
- certificate(s) of group insurance;
- amendments;
- endorsements; and
- the *policyholder's* application attached to the *policy*;

issued by us to the *policyholder* that describes the benefits for which you may be eligible.

Policyholder means the entity to whom the *policy* is issued.

[*This trust* means the ABC Trust.]

13

We, us, and our mean Union Security Insurance Company.

You and your mean an eligible [employee or member] of the [*policyholder* or *participating employer* or an *associated company*] who has become insured for a coverage.

14

SUMMARY OF GROUP DENTAL INSURANCE

This summary is intended to help understand the group insurance *policy*. It does not change any of its provisions.

Dental Insurance

We pay benefits if a *covered person* incurs covered dental expenses in excess of the deductible amount. The benefit and deductible may vary according to procedure. The *policy* explains which dental expenses receive limited or no benefits. [In addition, waiting periods may apply to some procedures.]

1

If a *covered person* has more than one dental expense plan, benefits from us may be reduced so that all benefits received are not more than the actual expenses.

**Please read
the following pages
carefully.**

SCHEDULE

1

[Eligible Class: For employee insurance – Each *full-time* employee of the *policyholder* or an *associated company*,

- | who is at *active work*, and
 - | who is working in the United States of America,
- except any
- temporary or seasonal worker, or
 - any person enrolled in the low plan.]

2

[For dependent insurance - Each *eligible dependent* of a person eligible and insured for employee insurance.]

[If a person in an *eligible class* has refused coverage as reflected in either our or the *policyholder's* or *associated company's* books and records, that person will not be covered. The person may become insured at a later date, but he or she will be subject to the Late Entrant Limitation as it appears in the Special Limitations section.]

[A *participating employer* may, in its *participating employer's* application, designate that the *eligible classes* be other classifications of employees which are based on conditions pertaining to employment, subject to our approval and any underwriting requirements then in effect.]

3

[Associated Companies: None]

4

[Present Service Requirement: None]

5

[Future Service Requirement: None]

[Entry Date: An eligible person will become insured on the day all eligibility requirements are met.]

6

OR

[Entry Date: An eligible person will become insured on the first of the month occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first day of the billing period occurring on or after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the first of the month occurring after the day all eligibility requirements are met.]

OR

[Entry Date: An eligible person will become insured on the Effective Date of the *policy*, or the January 1 occurring on or after the day all eligibility requirements are met.]

[Effective Date of Insurance

The dental insurance provisions of the certificate are effective for any dental expenses incurred on or after November 1, 2012 (subject to Entry Date).]

7

[Minimum Participation Requirements:]

[Number: 3]

[Percentage: 20% for employee insurance]

8

[Note: Persons participating in the *policyholder's* other dental plan(s) issued by us will be counted toward the participation requirements under this *policy*.]

9

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS

Eligible [Participating Employers]

A [*participating employer*] will be eligible for insurance coverage for its [employees] if it satisfies the Eligibility and Participation Requirements below.

Eligibility Requirements

[An employer must:

- participate under *this trust*;
- be located in a state from which we will accept an application for insurance;
- be approved by us for coverage according to our underwriting rules in effect on the date of the application; and
- have at least 3 employees eligible for coverage.]

1

Participation Requirements

A [*participating employer*] must have the following number of [employees and dependents insured:

- For any *noncontributory* insurance, all of its employees and their dependents who are eligible for insurance must become insured.
- For any *contributory* insurance:
 - if a *participating employer* has less than 4 employees eligible for insurance, all of its employees and their eligible dependents must become insured.
 - if a *participating employer* has at least 4 but less than 8 employees eligible for insurance, all but 1 employee and his or her eligible dependents must become insured.
 - if a *participating employer* has 8 or more employees eligible for insurance, 75% of its employees and their eligible dependents must become insured.]

2

[Employees who have similar coverage as a dependent and dependents who have similar coverage as an employee will not be included to determine the above Participation Requirements.]

3

When a [Participating Employer's] Insurance Ends

The insurance coverage(s) for a [*participating employer*] and its [employees] will end [for the reasons stated below].

- Insurance will end if the *policy* ends.
- If a [*participating employer*] gives us advance written notice that insurance will end, the termination will occur on the later of the date stated in the notice or the date we receive it. In no event will the insurance continue after the grace period ends.

[PARTICIPATING EMPLOYER] ELIGIBILITY AND TERMINATION PROVISIONS (continued)

- If any premium is not paid before the grace period ends, insurance will terminate when that period ends.
- If the *[participating employer]* fails to meet the Eligibility Requirements, the insurance will end immediately.
- If the *[participating employer:]*

fails to meet the Participation Requirements[; or
has less than 2 employees insured;]

4

we will notify the *[participating employer]* that the insurance will end. The insurance will end on the date stated in the notice. Notice will be given at least [31 days] before termination. We consider that notice is given when delivered or mailed to the last known address of the *[participating employer]*.

5

- [If we give the *participating employer* 31 days advance written notice that insurance will end, the termination will occur on the date stated in the notice.]

6

If the date insurance ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

[As used in this provision, the grace period is 31 days from any premium due date.]

7

GENERAL PROVISIONS

Entire Contract

The *policy*, including certificate(s) of group insurance, any amendments and/or endorsements and the *policyholder's* application attached to it are the entire contract.

Errors

An error in keeping records will not cancel insurance that should continue nor continue insurance that should end. We will adjust the premium, if necessary, but not beyond 3 years before the date the error was found. If the premium was overpaid, we will refund the difference. If the premium was underpaid, the difference must be paid to us.

Misstatements

If any information about a person or the [*policyholder's*] plan is misstated on an application or if it is altered after the application is submitted, including information with respect to participation or who pays the premium and under what circumstances, the facts will determine whether insurance is in effect and in what amount. We will retroactively adjust the premium.

1

Certificates

We will send certificates to the [*policyholder*] to give to each *covered person*. The certificate will state the insurance to which the person is entitled. It does not change the provisions of the *policy*.

1

Workers' Compensation

The *policy* is not in place of, and does not affect any state's requirements for coverage by Workers' Compensation insurance.

Agency

Neither the *policyholder* [, any employer, any *associated company*], nor any administrator appointed by the foregoing is our agent. We are not liable for any of their acts or omissions.

2

GENERAL PROVISIONS (continued)

Changing the Policy

The *policyholder* owns the *policy*. The *policy* may be changed at any time by an endorsement or amendment agreed upon by the *policyholder* and us. [The *policy* may also be changed in whole or in part when there is any change in laws or regulations which affect our obligations under the *policy* or when we are required to change the *policy*.] A change must be approved by one of our executive officers. No agent can change the *policy* or waive any of its provisions.

1

Required Data

2

The [*policyholder*] must give us all data needed to administer the insurance and determine premiums. The [*policyholder*] must also give us any other information we require. We may inspect the [*policyholder's*] records relating to the insurance provided by the *policy*.

Policyholder's Assignment

The *policyholder* may assign the *policy*. This will not affect the rights of a *covered person*. We will not be responsible for the validity of any assignment. We must receive written notice of an assignment at our *home office*.

When the Policy Ends

The *policy* will end on [the earliest of the following dates]:

3

- 4 [the date] the grace period ends, if the premium has not been paid; or
- 5 [the date we cancel the *policy*, after giving the *policyholder* 31 days written notice; or]
- 4 [the date] we receive written notice from the *policyholder*, or the date shown in the notice, whichever is later.

The *policy* will also end [if the Minimum Participation Requirements shown in the Schedule are not met].

6

If the Minimum Participation Requirements are not met, we will notify the *policyholder* [31 days] in advance that insurance will end. We consider that notice is given when delivered or mailed to the last known address of the *policyholder*.

7

If the date the *policy* ends is not the same as the date to which premiums have been paid, the difference in premium:

- must be paid to us, if underpaid; or
- will be refunded by us, if overpaid.

PREMIUMS

Premium Payments

- 1 The [policyholder] must pay all premiums [in advance] at our *home office* or to one of our agents [or administrators]. The [policyholder] may request on any policy anniversary that the frequency of premium payment be changed to any frequency we offer for such *policy*.
- 2

Grace Period

- 3 If any premium is not paid when due, the *policy* will be in default on that date. The [policyholder] has a grace period of [31 days] after that date to pay the premium. In any case, the [policyholder] must pay the premium for coverage in force during the grace period.

Calculation of Premiums

- The first premium is due on the effective date. Future premiums are due on each premium due date. The premium is based on the premium rate and the amount of insurance. We will furnish premium rates to the [policyholder] with an explanation of how to apply them.
- 4

Our Right to Change Premium Rates

We may change the premium rate:

- 5
- after [the first policy anniversary]; or
 - at any time that our risk changes.

- 6 [The first premium rate adjustment, if any, on the first policy anniversary will not be more than 9%.]

Unless our risk changes:

- we will not change the rates more than once in any period of [12 consecutive months]; and 7
- we will give the [policyholder 31 days] advance written notice of an increase in rates. 8

APPLICATION

to Union Security Insurance Company

by [ABC Company]

1

for group policy no. [G 0,000,000]

2

This application is executed in duplicate. One copy is to be attached to the *policy*. The other is to be returned to Union Security Insurance Company.

It is agreed that this Application replaces any prior application for the *policy*.

3

[10 or more lives] must be insured on the Effective Date of the *policy*. [In addition, the number of lives to be insured on that date must be 20% of those eligible for insurance at that time.] [Persons participating in the *policyholder's* other dental plan(s) issued by us will be counted toward the participation requirements under this *policy*.]

4

5

1

[ABC Company, Inc.]

(Full or Corporate Name of Applicant)

by

(Signature and Title)

Signed at

Date

Witness

(To be signed by Resident Agent where required by law)

[This copy is to remain attached to the *policy*.]

6

[This copy is to be returned to the *home office*.]

7

Union Security Insurance Company [2323 Grand Boulevard Kansas City Missouri 64108-2670]



ASSURANT

**Employee
Benefits**

Hon. Jay Bradford
Commissioner of Insurance
Arkansas Insurance Department
1200 West 3rd Street
Little Rock, Arkansas 72201-1904

**Union Security
Insurance Company**
2323 Grand Blvd.
Kansas City,
Missouri
64108-2670

September 15, 2011

RE: NAIC No: 70408

Dear Commissioner Bradford:

We enclose for filing the group insurance forms described below. These are new forms and are not intended to replace any forms previously filed.

Form Number	Description
GP-12 Den	Group policy form to be issued to all groups to which group dental insurance may be issued in your jurisdiction, except creditor groups.
GC-12 Den	Group certificate form to be used with policy form GP-12 Den.

The enclosed policy and certificate forms will provide group Dental Insurance and will be issued to the eligible group policyholder as a separate insurance policy. Each employee or member of the policyholder will receive a separate certificate of insurance.

The policy and certificate forms are being filed as insert pages. The insert pages will be combined to provide a complete policy and certificate. A complete policy with appropriate insert forms will be referred to as GP-12 Den. A complete certificate with appropriate insert forms will be referred to as GC-12 Den. A sample of a complete policy and certificate is enclosed to illustrate how the insert pages will be assembled. The sample policy and certificate are included for illustrative purposes only and do not contain any state specific variations. The following policy/certificate insert pages will be included in GP-12 Den and GC-12 Den as follows:

Policy form GP-12 Den will always include the following core insert forms:

Form Number	Description
PFP	Policy face page (used in the policy only)

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

TOC Den	Table of Contents
Def Gen Den	General Definitions
Sum Den	Summary of Group Dental Insurance
Schd Den	Schedule
Gen Pro Den	General Provisions (used in the policy only)
PGen Pro Den	Policy General Provisions (used in the policy only)
Premium Den	Premiums (used in the policy only)
App Pol Den	Group Policy Application (used in policy only)

Optional core insert forms may be also be included with Policy form GP-12 Den.

Optional Insert pages for use with Policy form GP-12 Den:

Form Number	Description
ETPT Den	Participating Employer Eligibility and Termination Provisions for Dental Insurance (may be used in policy only)
Amd Den	Policy Amendment form used to modify variable areas of the policy forms, described in the Statements of Variability document for GP-12 Den, et al (used in the policy only)

Unless indicated above that a form is used only with policy GP-12 Den, the above described insert pages will also be used to construct a separate certificate of insurance for each insured employee or member. The group policyholder will elect the insurance that will be offered to their eligible employees or members and the eligible persons may enroll in the coverage.

Group Certificate form GC-12 Den will always include the following core insert forms:

Form Number:	Description
CFP	Group Certificate Face Page (replaces policy form PFP)
TOC Den	Table of Contents
Def Gen Den	General Definitions
Den Def	Definitions for Dental Insurance (used in certificate only)
Sum Den	Summary of Group Dental Insurance
Schd Den	Schedule
ETP Den	Eligibility and Termination Provisions for Dental Insurance (used in certificate only)
DETP Den	Dependent Eligibility and Termination Provisions for Dental Insurance (used only if dependent coverage is elected under the policy and used in certificate only)
Cont Den	Special Insurance Continuance Provisions (used in certificate only)
Den BP AR	Dental Insurance (used in certificate only)
COB Den	Coordination of Benefits (used in certificate only)
Clm Pro Den	Claim Provisions for Dental Insurance (used in certificate only)

Optional Insert pages for use with Certificate form GC-12 Den:

Form Number	Description
Ben Note Den	Benefit Notice (optional form used only in the certificate to refer insured to form Ben Info for information regarding their coverage)

Ben Info	Benefits Information (optional form used only with the certificate to describe the type of coverage(s) and effective date of coverage(s)) This form may also show all coverages for which a person is insured by us.
COC Den	Continuity of Coverage (used in certificate only)
Cend Den	Optional Certificate Endorsement form used to modify variable areas of the certificate forms, described in the Statements of Variability document for GP-12 Den, et al (used in place of policy form Amd Den)

Areas of variability within the enclosed forms are indicated by boxes and brackets. Statements of Variations (SOV) for each of the above forms are included for your reference. Please be assured that any change or modification to a variable item outside the ones described in the enclosed SOVs will be submitted for approval prior to use.

The words "you" and "your," and verbs following where necessary, may be changed throughout the forms to allow flexibility to change the style of the forms to third person (i.e., "covered person").

Any state required notices will be used as previously approved and will be updated in the future to reflect changes in law or changes in contact information. GAN AR and CNotice AR were approved 6/3/09.

These forms were approved in Kansas, our domiciliary state, on May 24, 2011.

The \$50.00 filing fee is being sent via Electronic Funds Transfer.

We trust that you will find everything in order and look forward to your response. If you have any questions regarding this submission, please contact me at the e-mail address or phone number provided below.

Sincerely,



Stephanie Brown
Contract Compliance Analyst
T. 816.881.8703
F. 816.881.8508
E-mail address: StephanieC.Brown@Assurant.com

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Union Security Insurance Company 2323 Grand Blvd Kansas City MO 64108	KS		0019	70408	81-0170040	
4.	Contact Name & Address	Telephone #	Fax #	E-mail Address			
	Stephanie C. Brown 2323 Grand Blvd Kansas City MO 64108	816-474-2402	816-881-8755	StephanieC.Brown@assurant.com			
5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	AR01396FB00031					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div> <div>Group</div> </div>					
9.	Type of Insurance	H10G Group Health - Dental					
10.	Product Coding Matrix Filing Code	H10G.000 Health - Dental					
11.	Submitted Documents	<input checked="" type="checkbox"/> <u>FORMS</u> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Application/Enrollment <input checked="" type="checkbox"/> Schedule of Benefits </div> <div> <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Other: _____ </div> <div> <input checked="" type="checkbox"/> Certificate <input type="checkbox"/> Advertising </div> </div> <input type="checkbox"/> <u>RATES</u> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> <u>FILING OTHER THAN FORM OR RATE:</u> Please explain: _____ <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input checked="" type="checkbox"/> Statement of Variability <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Certifications </div> </div>					

12.	Filing Submission Date	9/16/11																																
13.	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____																																
14.	Date of Domiciliary Approval	5/24/11																																
15.	Filing Description:																																	
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Any state required notices will be used as previously approved and will be updated in the future to reflect changes in law or changes in contact information. GAN AR and CNotice AR were approved 6/3/09.

These forms were approved in Kansas, our domiciliary state, on May 24, 2011.

The \$50.00 filing fee is being sent via Electronic Funds Transfer.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Arkansas.

Print Name Stephanie C. Brown

Title Contract Compliance Analyst

Effective January 1, 2009

Signature Stephanie Brown

Date 9/16/11

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR01396FB00031
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Group Policy Face Page	GP-12 Den PFP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02	Group Certificate Face Page	GC-12 Den CFP	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03	Benefit Notice	Ben Note Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04	Benefit Information	Ben Info	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05	Table of Contents	TOC Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06	General Definitions	Def Gen Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07	Definitions for Dental Insurance	Den Def	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08	Summary of Group Dental Insurance	Sum Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09	Schedule	Schd Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10	Participating Employer Eligibility and Termination Provisions	ETPT Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
11	Eligibility and Termination Provisions for Dental Insurance	ETP Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		AR01396FB00031
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
12	Dependent Eligibility and Termination Provisions	DETP Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
13	Special Insurance Continuance Provisions	Cont Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
14	Dental Insurance	Den BP AR	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
15	Continuity of Coverage	COC Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
16	Coordination of Benefits	COB Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
17	Claim Provisions for Dental Insurance	Clm Pro Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
18	General Provisions	Gen Pro Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
19	General Provisions (continued)	PGen Pro Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
20	Premiums	Premium Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
21	Amendment	Amd Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
22	Endorsement	Cend Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

Effective January 1, 2009

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	AR01396FB00031
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
23	Application	App Pol Den	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

<i>SERFF Tracking Number:</i>	<i>ASWX-G127629415</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Union Security Insurance Company</i>	<i>State Tracking Number:</i>	<i>49823</i>
<i>Company Tracking Number:</i>	<i>AR01396FB00031</i>		
<i>TOI:</i>	<i>H10G Group Health - Dental</i>	<i>Sub-TOI:</i>	<i>H10G.000 Health - Dental</i>
<i>Product Name:</i>	<i>Group Indemnity Dental</i>		
<i>Project Name/Number:</i>	<i>Group Indemnity Dental/AR01396FB00031</i>		

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
09/19/2011	Form	Dental Insurance	10/03/2011	Den BP AR w boxes.PDF (Superceded)
09/19/2011	Form	Dependent Eligibility and Termination Provisions	09/27/2011	AR DETP Den w boxes.PDF (Superceded)
09/19/2011	Supporting Document	Statement of Variations	09/27/2011	AR #GP-12 et al - SOV Listing.PDF (Superceded)

DENTAL INSURANCE

Insurance Provided

We will pay benefits for covered dental expenses identified in the *policy* when incurred by a *covered person*. We will pay the coinsurance percentage shown in the Schedule after a *covered person* has satisfied any deductible required for the *benefit year*, subject to all the terms and conditions of the *policy*.

Covered dental expenses will only include *treatment* provided to a *covered person* for which, as outlined in the Covered Dental Expenses section, the date started and the date completed occur while the person is insured under the *policy*. No payment will be made for a program of dental *treatment* already in progress on the effective date of a person's insurance, except as stated in the Continuity of Coverage provision, if any. No payment will be made for dental *treatment* completed after a *covered person's* insurance under the *policy* ends, except as stated in the Extension of Benefits provision.

1

Network Provider Plan

We will provide the benefits of the *network provider plan*, as shown in the Schedule, for covered expenses incurred by a *covered person* if the *treatment* is provided by a *network provider*. A *covered person* must be identified as being insured under the *network provider plan* each time *treatment* is received, to obtain the benefits of the *network provider plan*. We will provide the benefits of the *out-of-network provider plan*, as shown in the Schedule, for covered dental expenses incurred by a *covered person* if the *treatment* is provided by a dental care provider who is not a participant in the *network provider plan*.

Deductible

The deductible is the amount shown in the Schedule and will be applied to each class of dental services as indicated in the Schedule. The deductible is the amount of covered dental expenses that each *covered person* must incur in a *benefit year* before we will pay benefits. When covered dental expenses equal to the deductible amount have been incurred and submitted to us, the deductible will be satisfied. We will not pay benefits for covered dental expenses applied to the deductible.

If the deductible amount is increased during a *benefit year*, further covered dental expenses must be incurred after the date of increase to satisfy the additional deductible for that *benefit year*.

2

The deductible will apply to each *covered person* separately each *benefit year* [except as stated in the Maximum Family Deductible section].

2

Maximum Family Deductible

The Maximum Family Deductible is shown in the Schedule. It indicates the number of persons in your *family unit* who must each satisfy an individual deductible in order to satisfy the family deductible. Once that number of persons has satisfied a deductible for a *benefit year*, we will consider the deductible to be satisfied for each person in your *family unit* for that *benefit year*. We will pay benefits for covered dental expenses incurred on or after the date the required number of persons has satisfied the deductible amount. [Expenses incurred for Class IV: Orthodontic Dental Services will not be applied to the family deductible.]

DENTAL INSURANCE (continued)

3

Carry Over Deductible

Covered dental expenses that were used to satisfy the deductible in the last [three months] of a *benefit year* will also be applied to the deductible for the next *benefit year*.

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is shown in the Schedule. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

4

Benefit Year Maximum

The maximum benefit payable to each *covered person* during a *benefit year* is [shown in the Schedule]. This maximum will apply even if coverage for a *covered person* ends and starts again within the same *benefit year* [or if a *covered person* has been covered both as an employee and a dependent]. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Benefit Year Maximum.]

OR

5

Individual Benefit Year Maximum

If you have no *covered dependents*, the Individual Benefit Year Maximum shown in the Schedule is the maximum benefit payable to you during a *benefit year*. This maximum will apply even if your coverage ends and starts again within the same *benefit year* or if you have been covered both as [an employee] and a dependent. Any amounts paid under the Family Share Benefit Year Maximum will be applied to the Individual Benefit Year Maximum if you terminate your *covered dependents* under the *policy* within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Individual Benefit Year Maximum.]

Family Share Benefit Year Maximum

If you have one or more *covered dependents*, the Family Share Benefit Year Maximum will apply to your *family unit*. The Family Share Benefit Year Maximum shown in the Schedule is the maximum benefit payable to your *family unit* either as an individual or as a combined *family unit* during a *benefit year*. Once the Family Share Benefit Year Maximum benefit has been paid during a *benefit year* to an individual or any combination of the *family unit*, there will be no further benefits payable for covered dental expenses incurred by any person in your *family unit* for the remainder of that *benefit year*. Any amounts paid under the *policy* will be applied to this maximum even if coverage for a *covered person* ends and starts again under the *policy* within the same *benefit year* or if a *covered person* has been covered both as [an employee] and a dependent. Any amounts paid under the Individual Benefit Year Maximum or the Family Share Benefit Year Maximum will be applied to the Family Share Benefit Year Maximum if you add or terminate one or more *covered dependents* to or from the *policy* or change from the Individual Benefit Year Maximum to the Family Share Benefit Year Maximum within the same *benefit year*. [Benefits paid for Class I: Preventive Dental Services and Class IV: Orthodontic Dental Services will not be applied to the Family Share Benefit Year Maximum benefit.]

DENTAL INSURANCE (continued)

☐☐

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Benefit Year Maximum shown in the Schedule.

OR

6

Maximum Benefit for Bleaching of Teeth

The maximum benefit payable to each *covered person*, while insured under the *policy*, for the bleaching of teeth is shown in the Schedule. Covered dental expenses for the bleaching of teeth are limited as shown in the Class III: Major Dental Services. Benefits paid for the bleaching of teeth will not be applied to the Individual Benefit Year Maximum and Family Share Benefit Year Maximum shown in the Schedule.

Date Started and Date Completed

If the *policy* includes any of the following listed services, we consider a dental *treatment* to be started as follows:

- | for a full or partial denture, on the date the first impression is taken
- | for a fixed bridge, crown, inlay and onlay, on the date the teeth are first prepared
- | for root canal therapy, on the date the pulp chamber is first opened
- | for periodontal surgery, on the date the surgery is performed and
- | for all other *treatment*, on the date *treatment* is rendered

and we consider a dental *treatment* to be completed as follows:

- | for a full or partial denture, the date a final completed appliance is first inserted in the mouth
- | for a fixed bridge, crown, inlay and onlay, the date an appliance is cemented in place and
- | for root canal therapy, the date a canal is permanently filled.

7

[(See Class IV: Orthodontic Dental Services for start and completion dates for *orthodontic treatment*.)]

DENTAL INSURANCE (continued)

Covered Dental Expenses

8

Covered dental expenses include only the [lesser of the discounted amount agreed upon by the *network provider* under the *network provider plan*, the *dentist's* actual charge, or the *allowable charge* for expenses incurred by a *covered person*]. The *treatment* must be:

- | performed by or under the direction of a *dentist*, or performed by a *dental hygienist* or *denturist*
- | *dentally necessary* and
- | started and completed while a *covered person* is insured, except as otherwise provided in the Extension of Benefits provisions and Continuity of Coverage, if any.

Expenses submitted to us must identify the *treatment* performed in terms of the American Dental Association Uniform Code on Dental Procedures and Nomenclature or by narrative description. We reserve the right to request x-rays, narratives and other diagnostic information to determine benefits.

We will only pay benefits for covered dental expenses incurred for *treatment* which has a reasonably favorable prognosis for the patient.

We consider a temporary *treatment* to be an integral part of the final *treatment*. The sum of the fees for temporary and final *treatment* will be used to determine whether the charges are *allowable charges*.

Covered dental expenses are based on current dental terminology and are updated periodically. The most current dental terminology may not be reflected in the list of covered dental expenses. However, benefits will be payable based on the most current dental terminology.

The following is a complete list of covered dental expenses. We will not pay benefits for expenses incurred for any service not listed in the *policy*.

9

[Class I: Preventive Dental Services]

- | All oral evaluations, limited to [1 time in any 6-month period]
 - | [Intraoral complete series x-rays, including bitewings and 10 to 14 periapical x-rays, or panoramic film, limited to 1 time in any 60-month period]
 - | [Bitewing x-rays (two or four films), limited to 1 time in any 12-month period]
 - [Dental prophylaxis, limited to 1 time in any 12-month period]
- OR
- [Dental prophylaxis, limited to 1 time in any 6-month period (frequency combined with *periodontal maintenance procedure*). Total number of combined dental prophylaxis services and *periodontal maintenance procedures* not to exceed 4 in a 12-month period.]

DENTAL INSURANCE (continued)

9

[Genetic test for susceptibility to oral diseases, limited as follows:

Limited to 1 test per lifetime and

Limited to persons over age 18]

[Topical fluoride *treatment*, limited to:

1 time in any 6-month period and

Covered dependent children less than age 14]

[Sealants, limited to:

o 1 time per tooth in any 36-month period

Applications made to the occlusal surface of unrestored permanent molar teeth and

Covered dependent children less than age 14]

[Space maintainers, including all adjustments made within 6 months of installation, limited to *covered dependent* children less than age 19]

10

[Class II: Basic Dental Services]

[Diagnostic Services]

[Intraoral periapical x-rays, limited to 4 films in any 12-month period]

[Intraoral occlusal x-rays, limited to 2 films in any 12-month period]

[Extraoral x-rays, limited to 1 film in any 6-month period]

[Accession and examination of tissue]

[Endodontic Services]

[Pulpotomy, limited to *covered dependent* children less than age 19]

Root canal therapy, including all pre-operative, operative and post-operative x-rays, canal preparation and fitting of preformed dowel or post, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care, limited to 1 time on the same tooth in any 24 month period (including teeth treated prior to the date the insurance takes effect under the *policy*)

Apicoectomy/periradicular surgery (anterior, bicuspid, molar, each additional root), including all pre-operative, operative and post-operative x-rays, bacteriologic cultures, diagnostic tests, local anesthesia and routine follow-up care)]

DENTAL INSURANCE (continued)

10

| [Retrograde filling--per root

| Root amputation--per root]

| [Hemisection, including any root removal and an allowance for local anesthesia and routine post-operative care, does not include a benefit for root canal therapy]

[Periodontal Non-surgical Services]

- [Periodontal scaling and root planing (per quadrant), limited to 1 time per quadrant of the mouth in any 24-month period. Benefits for prophylaxis and scaling and root planing, performed during the same appointment, will be based on the *allowable charge* for a prophylaxis. Benefits for scaling and root planing and *periodontal maintenance procedures*, performed during the same appointment, will be based on the *allowable charge* for *periodontal maintenance procedures*.]
- [Full mouth debridement, limited to once per lifetime]
- [*Periodontal maintenance procedure* (following active *treatment*), limited to 1 dental prophylaxis or 1 *periodontal maintenance procedure* in any 12-month period]

OR

- | [*Periodontal maintenance procedure*, limited to 1 *periodontal maintenance procedure* in any 3-month period (frequency combined with dental prophylaxis services). Total number of combined *periodontal maintenance procedures* and dental prophylaxis services not to exceed 4 in a 12-month period]
- [Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth by report, limited to 1 application per tooth in any 12-month period]

[Periodontal Surgical Services]

| [Periodontal related services as listed below, limited to:

| 1 time per quadrant of the mouth in any 36-month period with charges combined for each of these services performed in the same quadrant within the same 36-month period

- Gingivectomy
- Osseous surgery]

| [Osseous grafts, limited to *treatment* when periodontal disease is present, excludes grafting after extractions]

- [Guided tissue regeneration]

| [Pedicle grafts

| Tissue grafts]

DENTAL INSURANCE (continued)

10

[Oral Surgery Services]

| [Oral surgery services as listed below, including an allowance for local anesthesia and routine post-operative care

| Surgical extractions (including extraction of wisdom teeth)

| Alveoloplasty

| Vestibuloplasty

| Removal of lateral exostosis—maxilla or mandible

| Frenulectomy (frenectomy or frenotomy)

| Excision of hyperplastic tissue—per arch

o Orantral fistula closure]

[If more than one complex surgical procedure is performed per area of the mouth, only the most inclusive surgical procedure performed will be considered a covered dental expense.]

| [Tooth re-implantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus]

| [Extraction, erupted tooth or exposed root (elevation and/or forceps removal)]

| [Biopsy]

| [Incision and drainage only if not performed on the same day as an extraction]

| [General anesthesia and intravenous sedation , limited as follows:

| Considered for payment as a separate benefit only when medically necessary and when administered in the *dentist's* office or outpatient surgical center in conjunction with complex oral surgery services which are covered under the *policy*;

However, the following exception applies:

considered for payment as a separate benefit if the provider treating the patient certifies that because of the patient's age, condition or problem, general anesthesia is required in order to safely and effectively perform the procedures, and the patient is:

- a *covered dependent* child under seven years of age who is determined by two *dentists* to require, without delay, necessary *treatment* for a significantly complex dental condition; or
- a *covered person* with a diagnosed serious mental or physical condition; or

a *covered person* with a significant behavioral problem as determined by the covered person's doctor.

| Benefits for general anesthesia will be based on the benefit allowed for the

DENTAL INSURANCE (continued)

corresponding intravenous sedation]

[Other Basic Services]

- [Palliative (emergency) treatment of dental pain, considered for payment as a separate benefit only if no other *treatment* (except x-rays) is rendered during the visit]
- | [Consultation, including specialist consultations, limited as follows:
 - | Considered for payment only if billed by a *dentist* who is not providing operative *treatment*]

10

| [Benefits will not be considered for payment if the purpose of the consultation is to describe the *dental treatment plan*]

| [Therapeutic drug injections]

| [Stainless steel crowns, limited to:

| 1 time in any 36-month period

| Teeth not restorable by an amalgam or composite filling and

| Covered dependent children less than age 19]

11

[Restorative Services (Fillings)]

| [Amalgam restorations (fillings), limited as follows:]

| [Multiple restorations on one surface will be considered a single filling

| Benefits for the replacement of an existing amalgam restoration will only be considered for payment if at least 24 months have passed since the existing amalgam restoration was placed

| Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

| Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

| [Composite restorations (fillings) on anterior teeth only, limited as follows:

| Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations

| Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed

○ Benefits for composite restorations on posterior teeth will be based on the benefit allowed for the corresponding amalgam restoration

○ Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]

DENTAL INSURANCE (continued)

OR

- | [Composite restorations (fillings), limited as follows:
 - | Mesial-lingual, distal-lingual, mesial-facial, and distal-facial restorations will be considered single surface restorations
 - | Benefits for the replacement of an existing composite restoration will only be considered for payment if at least 24 months have passed since the existing composite restoration was placed]
 - | [Benefits for restorations on three or more surfaces will be based on the benefit allowed for the corresponding two surface restoration]
- | [Pin retention restorations, covered only in conjunction with an amalgam or composite restoration, pins limited to 1 time per tooth.]
- | [Silicate restorations (fillings)]

11

12

[Class III: Major Dental Services]

[Inlay, Onlay, and Crown Restorations]

- [Inlays and onlays
 - Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
 - | [Crowns, including porcelain crowns on anterior and posterior teeth OR including porcelain crowns on anterior teeth only (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)
 - | Covered only when there is extensive decay or fracture and the tooth cannot be restored by an amalgam or composite filling
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
- [Labial veneers (only for anterior teeth)
 - | Covered only if more than 10 years have elapsed since last placement and
 - | Limited to persons over age 16]
- | [Crown build-up, including pins and prefabricated posts]
- | [Post and core, covered only for endodontically treated teeth requiring crowns]

DENTAL INSURANCE (continued)

[Implant Services]

- | [Endosseous implants (including implant abutments), limited as follows:
 - Only one abutment will be covered per implant
 - Benefits for the replacement of an existing implant are payable only if the existing implant is:
 - more than 10 years old and]
 - [cannot be made serviceable]

12

[Full and Partial Dentures (Removable)]

- | [Full dentures (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows]
 - | [Limited to 1 time per arch unless
 - 10 years have elapsed since last replacement and
 - the denture cannot be made serviceable
 - | We will not pay additional benefits for personalized dentures or overdentures or associated *treatment*]
- | [Partial dentures, including any clasps and rests and teeth, (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care), limited as follows:
 - | Limited to 1 partial denture per arch unless
 - 10 years have elapsed since last replacement, unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and
 - the partial denture cannot be made serviceable
 - | There are no benefits for precision or semi-precision attachments]
- | [Each additional clasp and rest]
- | [Denture adjustments, limited to:
 - | 1 time in any 12 month period and
 - | Adjustments made more than 12 months after the insertion of the denture]
- | [Relining or rebasing dentures, limited to:
 - | 1 time in any 36-month period and
 - | Relining or rebasing done more than 12 months after the insertion of the denture]
- | [Tissue conditioning performed more than 12 months after the initial insertion of the denture]

DENTAL INSURANCE (continued)

[Fixed Partial Dentures (Bridges)]

• [Fixed bridges, limited as follows (includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)]

• Limited to persons over age 16

• Benefits for the replacement of an existing fixed bridge are payable only if the existing bridge

– is more than 10 years old and]

12

– [cannot be made serviceable]

[unless there is a *dentally necessary* extraction of an additional *functioning natural tooth* and the extracted tooth was not an abutment to an existing bridge

• A fixed bridge replacing the extracted portion of a hemisected tooth is not covered]

[Other Major Services]

• [Repairs to or recementing of full or partial dentures, bridges, crowns and inlays, limited to repairs or adjustments performed more than 12 months after the initial insertion]

• [Surgical and non-surgical temporomandibular joint (TMJ) *treatment* for myofascial pain syndrome, muscular, neural, or skeletal disorder, dysfunction or disease of the temporomandibular joint including *treatment* of the chewing muscles to relieve pain or muscle spasm, TMJ x-rays, and occlusal adjustments, limited as follows:

• Coverage does not include an allowance for appliances for tooth movement or guidance, electronic diagnostic modalities, occlusal analysis, or muscle testing]

• [Occlusal guards, limited for the treatment of bruxism (grinding of teeth)]

• [Bleaching of teeth (whitening of teeth) prescribed and supervised by a *dentist*. This procedure includes all related services. Separate benefits are not allowed for related services on the same teeth. Covered expenses for this procedure are further limited to:

• 1 time per arch or per tooth in any 36-month period

• Persons over age 16 and

• The Overall Maximum Benefit for the Bleaching of Teeth shown in the Schedule]

[Class IV: Orthodontic Dental Services]

- | [Diagnostic x-rays, limited to x-rays for orthodontic purposes
- | Diagnostic casts, limited to casts made for orthodontic purposes
- | Surgical exposure of an impacted tooth, limited to services performed for orthodontic purposes
- | Orthodontic appliances for tooth guidance and
- | Fixed or removable appliances to correct harmful habits]

[Benefits for *orthodontic treatment* will be only be provided to *covered dependent* children.]

[Benefits for *orthodontic treatment* are not payable for expenses incurred for retention of orthodontic relationships. Benefits for *orthodontic treatment* are payable only for active *orthodontic treatment* for the services listed above.]

We will pay benefits for the orthodontic services listed above when the date started for the orthodontic service occurs while the person is insured under this *policy*. No payment will be made for *orthodontic treatment* if the appliances or bands are inserted prior to becoming insured, except as provided in the Continuity of Coverage. We consider *orthodontic treatment* to be started on the date the bands or appliances are inserted. Any other *orthodontic treatment* that can be completed on the same day it is rendered is considered to be started and completed on the date the *orthodontic treatment* is rendered.

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Benefit Year Maximum shown in the Schedule.]

OR

[We will pay the coinsurance percentage amount shown in the Schedule. The maximum benefit payable to each person, while insured under the *policy*, for orthodontic services is shown in the Schedule. The maximum benefit will apply even if coverage is interrupted. Benefits paid for orthodontic services will not be applied to the Individual Benefit Year Maximum and the Family Share Benefit Year Maximum shown in the Schedule.]

We will make a payment for covered orthodontic services related to the initial *orthodontic treatment* which consists of diagnosis, evaluation, pre-care and insertion of bands or appliances. After the payment for the initial *orthodontic treatment*, benefits for covered orthodontic services will be paid in equal quarterly installments over the course of the remaining *orthodontic treatment*. The benefit payment schedule for the initial *orthodontic treatment* and quarterly installments will be determined as follows:

- We will determine the lesser of the *allowable charge* and the orthodontist's fee and multiply that amount by the co-insurance rate shown in the Schedule.
- The lesser of the amount from the bullet above or the Overall Benefit Maximum for orthodontic services shown in the Schedule will be the maximum benefit payable. An initial amount of [25%] of the maximum benefit payable will be paid for the initial *orthodontic treatment*. This amount will be payable as of the date appliances or bands

DENTAL INSURANCE (continued)

13

are inserted.

- The remaining [75%] of the maximum benefit payable will be divided by the number of quarters that *orthodontic treatment* will continue to determine the amount which will be payable for each subsequent quarter of *orthodontic treatment*. The subsequent quarterly payments will be made only if the person remains insured under this *policy* and provides proof to us that *orthodontic treatment* continues. If *orthodontic treatment* continues after the maximum benefit payable has been paid, no further benefits will be paid.

Pre-estimate

14

If the charge for any *treatment* is expected to exceed [\$300], we recommend that a *dental treatment plan* be submitted to us for review before *treatment* begins. An estimate of the benefits payable will be sent to the *covered person* and the *dentist*.

In estimating the amount of benefits payable, we will consider whether or not an alternate *treatment* may accomplish a professionally satisfactory result. If a *covered person* and the *dentist* agree to a more expensive *treatment* than that pre-estimated by us, we will not pay the excess amount.

The pre-estimate is not an agreement for payment of the dental expenses. The pre-estimate process lets a *covered person* know in advance approximately what portion of the expenses will be considered covered dental expenses by us.

Alternate Treatment

If an alternate *treatment* can be performed to correct a dental condition, the maximum covered dental expense we will consider for payment will be the most economical *treatment* which will produce a professionally satisfactory result. We will not provide a full payment, a partial payment, or an alternate *treatment* payment for any service that is not a covered dental expense.

15

[Special Limitations]

16

Waiting Period for Timely Applicants

If you apply for *dental insurance* [before or within 31 days] of the date a *covered person* becomes eligible, the person is a timely applicant. We will not pay benefits for any of the services listed under the Waiting Periods in the Schedule until the *covered person* has been continuously insured under the *policy* for the period of time listed in the Schedule for that type of service.

[If *orthodontic treatment* is started during the Waiting Period, only the portion of the *treatment* rendered after the end of the Waiting Period will be considered a covered dental expense. We will not pay for any Class I, II or III services for *treatment* started or completed during a waiting period.]

DENTAL INSURANCE (continued)

17

Late Entrant Limitation

If you apply for *dental insurance* more than [31 days] after a *covered person* first becomes eligible, the person is a late entrant. The benefits for the [first 24 months] of coverage for late entrants will be limited as follows:

<u>Time Insured Continuously Under the Policy</u>	<u>Benefits Provided for Only These Services</u>
[Less than 6 months]	Class I Dental Services
At least 6 months but less than 12 months	Class I & Class II Restorative Services
At least 12 months but less than 24 months	Class I & all Class II Dental Services]

We will not pay for any *treatment* that is started or completed during the late entrant limitation period.

18

Missing Teeth Limitation

We will not pay benefits for replacement of teeth missing on a *covered person's* effective date of insurance under the *policy* for the purpose of the initial placement of a prosthetic device to replace a missing tooth. However, expenses for the replacement of teeth missing on the effective date will be considered for payment as follows:

- | The initial placement of full or partial dentures will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*.
- | The initial placement of a fixed bridge will be considered a covered dental expense if the placement includes the initial replacement of a *functioning natural tooth* extracted while a *covered person* was insured under the *policy*. However, the following restrictions will apply:
 - | The replacement of an extracted tooth will not be considered a covered dental expense if it was an abutment to an existing prosthesis
 - | Benefits will only be paid for the replacement of the teeth extracted while a *covered person* was insured under the *policy*
 - | Benefits will not be paid for the replacement of other teeth which were missing on a *covered person's* effective date

General Exclusions

We will not pay benefits for expenses incurred for any of the following:

- *Treatment* or an appliance which
 - Is not included in the list of covered dental expenses
 - Is not *dentally necessary*]; except for the bleaching of teeth]
 - Is experimental in nature

19

DENTAL INSURANCE (continued)

- Is temporary in nature
- Does not have uniform professional endorsement
- *Treatment* related to procedures that are:
 - Part of a service but are not reported as separate services
 - Reported in a *treatment* sequence that is not appropriate
 - Misreported or that represent a procedure other than the one reported
- Appliances, inlays, cast restorations, crowns, or other laboratory prepared restorations used primarily for the purpose of splinting
- Any *treatment* or appliance, the sole or primary purpose of which relates to
 - The change or maintenance of vertical dimension
 - The alteration or restoration of occlusion [except for occlusal adjustment in conjunction with periodontal surgery or temporomandibular joint disorder]
 - Bite registration
 - Bite analysis
 - Attrition or abrasion
- Replacement of a lost or stolen appliance or prosthesis
- Educational procedures, including but not limited to oral hygiene, plaque control or dietary instructions
- Completion of claim forms or missed dental appointments
- Personal supplies or equipment, including but not limited to water piks, toothbrushes, floss holders, or athletic mouthguards[, except supplies prescribed and dispensed by a *dentist* related to the bleaching of teeth (subject to the 36-month frequency limitation for the bleaching of teeth)]
- Administration of nitrous oxide or any other agent to control anxiety
- *Treatment* for a jaw fracture
- *Treatment* provided by a *dentist*, *dental hygienist*, or *denturist* who is
 - An *immediate family member* or a person who ordinarily resides with a *covered person*
 - [An employee] of the [policyholder]
 - A [policyholder]
- Hospital or facility charges for room, supplies or emergency room expenses or routine chest x-rays and medical exams prior to oral surgery

20

21

DENTAL INSURANCE (continued)

19

- *Treatment* provided primarily for cosmetic purposes[, except for the bleaching of teeth]

22

- *Treatment* which may not reasonably be expected to successfully correct the person's dental condition for a period of at least [3 years]

- Crowns, inlays, cast restorations, or other laboratory prepared restorations on teeth which do not have extensive decay or fracture and can be restored with an amalgam or composite resin filling

23

- [Any *treatment* required directly or indirectly to diagnose or treat a muscular, neural, or skeletal disorder, dysfunction, or disease of the temporomandibular joint or its associated structures]

24

- [*Treatment* for implants, implant abutments, implant supported prosthetics (crown, fixed partial denture, dentures) or any other services related to the care and *treatment* of the implant]

25

- [*Treatment* for the prevention of bruxism (grinding of teeth)]

26

- [Orthodontic treatment]

27

- [*Treatment* performed outside the United States, except for *emergency dental treatment*. The maximum benefit payable to any person during a *benefit year* for covered dental expenses related to *emergency dental treatment* performed outside the United States is \$100.]

- *Treatment* or appliances at which are covered under any Workers' Compensation Law, Employer's Liability Law or similar law. A person must promptly claim and notify us of all such benefits.

- *Treatment* for which a charge would not have been made in the absence of insurance

- *Treatment* for which a *covered person* does not have to pay, except when payment of such benefits is required by law and only to the extent required by law

28 Extension of Benefits

If a *covered person's* insurance under the *policy* ends, we will extend benefits for any claim related to [non-orthodontic dental] *treatment* rendered on a specific tooth that began while insured under the *policy*. We will continue to pay benefits for covered dental expenses for such *treatment* that is rendered within [30 days] after the date insurance ends.

[If a *covered person's* insurance under the *policy* ends, benefits for *orthodontic treatment* will be paid only for covered dental expenses incurred while insured under the *policy* and only until the end of the quarter in which insurance ends.]

[Any extension of benefits will be subject to payment of the Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

OR

[Any extension of benefits will be subject to payment of the Individual Benefit Year Maximum, Family Share Benefit Year Maximum, Overall Benefit Maximums and other limitations of the *policy*.]

DENTAL INSURANCE (continued)

28

This extension will not apply if the [*policyholder*] ends insurance and the *policy* is replaced with another plan of group dental insurance [within 30 days of the date the *policy* ends.]

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE

Eligible Dependents

- 1 Your *eligible dependents* are[:
- | your lawful spouse or *domestic partner*, and
 - | your unmarried children who are less than age 19, or less than age 24 if a full-time student].
- 2 ["Children" include any adopted children. A child will be considered adopted on the date the petition for adoption is filed. Stepchildren and foster children and your *domestic partner's* children are also included if they depend on you for support and maintenance. "Children" also include any children for whom you are the legal guardian, who reside with you on a permanent basis and depend on you for support and maintenance.]
- 3 [An *eligible dependent* will not include any person who is a member of an *eligible class* and may not be covered under the *policy* by more than one person. However, if you and your spouse or *domestic partner* are both members of an *eligible class*, then one of you may request to be an *eligible dependent* of the other.]

4 Dependent Effective Date

[Any *noncontributory* dependent insurance will take effect on the day the dependent becomes an *eligible dependent*, or, if later, on the Entry Date shown in the Schedule.]

[For any *contributory* dependent insurance, you must apply for dependent insurance on a form acceptable to us. You must also agree to pay your share of the premium.]

- | [If you apply before the dependent becomes eligible, dependent insurance will take effect on the Entry Date shown in the Schedule.]
- | [If you apply on the date the dependent becomes eligible, or within 31 days after that, dependent insurance will take effect on the Entry Date occurring on or after the date of your application.]
- | [If you apply more than 31 days after the dependent becomes eligible or after dependent insurance ended because the premium was not paid, *dental insurance* will take effect on the Entry Date occurring on or after the date the request is made. However, for the first 24 months after becoming insured under the *policy*, the Late Entrant Limitation in the Special Limitations section will apply unless application is made during the annual enrollment period. The Late Entrant Limitation will not apply to a child if application is made during any annual enrollment period occurring prior to the child's third birthday.]

Exception to Dependent Effective Date

Dependent insurance will not take effect until your insurance for the same coverage under the *policy* takes effect.

- 5 [If an *eligible dependent* is in a hospital or similar facility on the day insurance would otherwise take effect, it will not take effect until the day after the *eligible dependent* leaves the hospital or similar facility. This exception does not apply to a child born while dependent insurance is in effect. Dependent insurance for a newborn dependent child, including an adopted newborn dependent child, will]

DEPENDENT ELIGIBILITY AND TERMINATION PROVISIONS FOR DENTAL INSURANCE
(continued)

5

[automatically take effect at birth. Insurance will continue for 31 days. If you want insurance to continue for a newborn beyond 31 days, you must notify us (if you do not already have dependent child insurance) and make the required premium payment within the 31-day period.]

When Dependent Insurance Ends

6

A dependent's insurance will end [on the earliest of:

- | the day the *policy* or *participating employer's* application ends;
- | the day the *policy* or *participating employer's* application is changed to end dependent insurance;
- | the last day of the month in which that dependent is no longer eligible;
- | the day your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | the day a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [on the date:

- | the *policy* or *participating employer's* application ends;
- | the *policy* or *participating employer's* application is changed to end dependent insurance;
- | that dependent is no longer eligible;
- | your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | a required contribution for dependent insurance was not paid.]

OR

A dependent's insurance will end [:

- | on the date the *policy* or *participating employer's* application ends;
- | on the date the *policy* or *participating employer's* application is changed to end dependent insurance;
- | on the last day of the billing period prior to the date that dependent is no longer eligible;
- | on the last day of the billing period prior to the date your insurance for the same coverage under the *policy* or *participating employer's* application ends; or
- | on the last day of the billing period prior to the date a required contribution for dependent insurance was not paid.]

TABLE OF CONTENTS

Listing of Statements of Variability Included for Dental Forms GP-12 Den, et al

GP-12 Den, PFP	2
GC-12 Den, CFP	3
Ben Note Den – (No SOV)	NA
TOC Den - (No SOV – generated based on coverage)	NA
Ben Info	4
Def Gen Den.....	5
Den Def	7
Sum Den.....	8
Schd Den	9
ETPT Den.....	12
ETP Den	13
DETP Den	15
Cont Den.....	17
Den BP AR	18
COC Den	23
COB Den	24
CIm Pro Den.....	25
Gen Pro Den.....	26
PGen Pro Den	27
Premium Den.....	28
Amd Den.....	29
Cend Den	30
App Pol Den	31

Union Security Insurance Company
Statement of Variations
Policy Form GP-12 Den PFP

The variable and illustrative material in Policy Form GP-12 Den PFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will reflect the state in which Union Security Insurance Company is domiciled.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific policy number that we assign for identification purposes.
4. This item will reflect the state in which the policy is issued.
5. This item will reflect the effective date of the policy for the specific group.
6. This item will reflect when premiums are due for the specific group.
7. This item will reflect the policy anniversary for the specific group.
8. This item will reflect the coverage(s) included in the policy.
9. This item will reflect the current company officers and their titles.
10. This item will reflect the address where Union Security Insurance Company's home office is located.

Union Security Insurance Company
Statement of Variations
Certificate Form GC-12 Den CFP

The variable and illustrative material in Certificate Form GC-12 Den CFP has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be changed to reference the Schedule or as shown below.
2. This item will reflect the state in which Union Security Insurance Company is domiciled.
3. This item will indicate the name of the specific policyholder.
4. This item will indicate the name of the specific participating employer or will be deleted if there is no participating employer.
5. This item will indicate the specific policy number that we assign for identification purposes.
6. This item will indicate the specific participation number that we assign for identification purposes or will be deleted.
7. This item will indicate the specific account number that we assign for identification purposes or will be deleted.
8. This item will indicate the specific name of the covered person or will be deleted.
9. This item will indicate the specific covered person's number that we assign for identification purposes or will be deleted.
10. This item will reflect the effective date of the certificate or may be deleted or reference the Schedule or the Benefit Information page for the effective date.
11. This item will reflect the coverage(s) included in the certificate.
12. This item will reflect a current company officer's signature and title.
13. This item will reflect the address where Union Security Insurance Company's home office is located.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Ben Info

The variable and illustrative material in Certificate Insert Form Ben Info has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the specific information for a covered person, including the person's name, the specific policy number and person's number that we assign for identification purposes and the specific group's name. The person's number may be deleted if not used for a particular group. We may also add reference to a participating employer's name and participation number, if appropriate.
2. This item will appear as shown, may be deleted or may be changed to a different term such as "Current."
3. This item will appear as shown or may be changed to a different term such as "Benefit Amount" or "Benefit Level."
4. This item will reflect the coverage(s) included in the certificate, the effective date and maximum benefit. The maximum benefit may appear as shown, be changed to N/A or may include actual amounts or reference a level of coverage selected. Employee may be changed to member.
5. This item will appear as shown, either item may be deleted, or employer may be changed to another term such as policyholder or association.
6. This item may be included as shown, be deleted, or changed to show a different form number for internal identification purposes or to include a date.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Def Gen Den

The variable and illustrative material in Policy/Certificate Insert Form Def Gen Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown, omitted entirely, or changed to delete reference to policyholder, associated company or participating employer, if not applicable for a particular group. Reference to "full-time basis" may be changed to "full-time or part-time basis." A sentence may be added to state active work does not apply to a particular class of insureds (such as retirees).
2. This item may be included as shown, omitted entirely, changed to delete reference to policyholder or participating employer, if not applicable for a particular group, or add reference to the participating employer's application. This item may also be changed to delete either the phrase "owned by or" or the phrase "or affiliated with".
3. This item may be included as shown, omitted entirely if coverage is noncontributory, or changed to delete "part" or "or all."
4. This item may be included as shown or omitted entirely if a group does not elect dependent coverage.
5. This item may be included as shown or reference to employee, member, policyholder, associated company, or participating employer may be omitted if not applicable for a particular group. The last sentence may be omitted entirely if the group does not elect dependent coverage.
6. This item may be included as shown or may be omitted entirely if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other. The agreement name may be changed. If a state has defined the term, we may refer to state law for the definition. If a state has its own domestic partner or civil union law and, in addition, if the employer has its own agreement, we may refer to both.
7. This item may be included as shown or either "employment" or "membership in a group" may be omitted if not applicable for a particular group.
8. This item may be included as shown or omitted entirely. The number of hours required for full-time work may range from 15 to 40 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
9. This item may be included as shown or may be revised to show another location.
10. This item may be included as shown or omitted entirely if coverage is contributory. Reference to either policyholder or participating employer may be deleted, if not applicable for a particular group.
11. This item may be included as shown or omitted entirely. The number of hours required for part-time work may range from 10 to 30 hours per week or other criteria such as a monthly or yearly equivalent or a prior time period. The number of hours may vary by class.
12. This item may appear as shown or may be omitted entirely. It may be changed to indicate different entities or other appropriate terminology to reflect various arrangements among different blocks of business.

13. This item may be deleted or changed to include the appropriate name of the trust.
14. This item may be included as shown or reference to employee, member, policyholder, associated company, or participating employer may be omitted if not applicable for a particular group.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Den Def

The variable and illustrative material in Certificate Insert Form Den Def has been indicated by boxes and brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. The allowable charge definition used will depend upon the plan type selected. In the third definition, the percentage and percentile figures shown may be increased or decreased. The percentage can range from 5%-45%, and the percentile can range from 50 to 90.
2. This information may be modified to reflect a different 12 month time period.
3. This listing may be modified to request additional information.
4. These definitions will not appear if the network provider plan option is not elected.
5. This definition may be deleted when optional orthodontic coverage is not provided.
6. This definition may appear as shown or deleted entirely.
7. These definitions will not appear if the network provider plan option is not elected.
8. The list of procedures covered may be modified.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Sum Den

The variable and illustrative material in Policy/Certificate Insert Form Sum Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or omitted entirely if waiting periods do not apply.

Union Security Insurance Company
Statement of Variations
Policy/Certificate Insert Form Schd Den

The variable and illustrative material in Policy/Certificate Insert Form Schd Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered or eligible dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout this form, any reference to low or high plan may be deleted if a low or high plan option is not selected.

The policyholder may specify only a certain class or classes of employees are eligible for certain plans or the employee may elect from one or more Plans offered by the policyholder.

1. The items within the box may be included or deleted in the Policy and may be included or deleted in the Certificate.
2. The Eligible Class(es) will appear in the Policy and may appear or be deleted in a Certificate. The Eligible Classes may vary depending on the policyholder's or participating employer's specifications, but will be based on factors pertaining to current or former employment or membership in a group (e.g., other such eligible groups). "Policyholder" may be changed to "participating employer" (or other appropriate entity). "For employee insurance" may be changed to "For member insurance." Reference to an "associated company" may be deleted. Dependent insurance may be included or deleted. If included, it may be changed to specify only a certain class or classes of employees or member are eligible for dependent insurance. Reference to a person refusing coverage may appear as shown for noncontributory coverage if participation for the group is less than 100% or may be omitted entirely.
3. This item may appear as shown or may be deleted entirely. Reference to an "application" may be changed to other terminology such as "participation agreement". The eligibility of the participating employer may be added. Reference to employee may be changed to member or other covered person.
4. This item may appear as shown or the specific associated companies of the policyholder, participating employer, other appropriate entity or as indicated in the participating employer's application may be included, or we can state the companies will be as reported to us by the policyholder, or this may be deleted if there are no associated companies. This may be deleted in the Certificate.
5. The Present Service Requirement and Future Service Requirement may appear as shown or may be modified, ranging from None to 24 months or as indicated in the participating employer's application subject to our approval and may vary by class. Dates may be added, showing the policy's or participating employer's effective date for Present Service Requirement and dates after that for Future Service Requirement. When a Policy or Certificate is reissued, we may just show the future service requirement. This may be deleted in the Certificate.
6. The Entry Date may be immediate, policy anniversary, 1st of the month or another day of the month, 1st of the second month, quarterly, semi-annually, a specific date or as indicated in the participating employer's application and approved by us. It may also vary by class. This may be deleted in the Certificate. Examples are shown for immediate, first of the month, billing period and a specific date.

Policy/Certificate Insert Form Schd Den

Page 2

7. This will appear as shown or deleted entirely. If shown, this will reflect the effective date of the certificate.
8. The Minimum Participation Requirements will be included in the Policy, may be deleted in the Certificate, and may be modified as follows:
 - the Number of employees or members may be included or deleted and may be changed (but not less than 2 lives), depending on the size of the group and the type of group such as employer or other eligible group, subject to state law. The Number may also vary to indicate the number of participating employers or indicate the percentage of participating employers or members.
 - the Percentage may be included or deleted and may range from None - 100%, depending on whether the insurance is contributory or noncontributory.
 - the Number and/or Percentage may be different at issue versus after the effective date of the policy.
9. The "Note" sentence under Minimum Participation Requirements may appear as shown or omitted entirely. "Policyholder" may be changed to "participating employer" (or other appropriate entity).
10. The Dental Insurance heading and the items below the heading will only appear in the certificate and not the policy.
11. The Schedule High Plan heading may be changed to Schedule Low Plan or may be omitted entirely.
12. The Deductible Amounts may appear as shown or be modified as follows:
 - The Individual Deductible amounts may range from \$0 to \$300.
 - The Maximum Family Deductible may be deleted or modified to 2 persons.
 - The Individual Deductible waiver may be applied to a different list of services or deleted.
 - The provision will vary depending on whether the network plan option is elected by the group.
13. The Coinsurance Percentages provision will vary as follows:
 - One of the three versions will be used depending on the plan selected.
 - Under the first and third versions, the percentages will vary as follows:
 - from 50% - 100% for Preventive services
 - from 0% - 100% for Basic services
 - from 0% - 80% for Major services
 - 0% or 25% - 80% for Orthodontic services
 - Under the second version, the Class III services may increase differently.
 - Class II, Class III & IV Services may be deleted if not selected.
14. The Benefit Maximums provision will vary as follows:

- The Benefit Maximum version will vary depending on whether the network plan is elected.
 - The Benefit Maximums may vary from \$0 - \$5,000.
 - The maximums may be different under the network and out-of-network Plans.
 - The employee and dependent language may be modified to reflect other terminology or configurations in the number of dependents. Employee may be changed to member. The reference to domestic partner may be omitted entirely if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - The Overall Maximum Benefits will be removed if the plan elected by the group policyholder does not elect Bleaching of Teeth or Orthodontic Services.
 - The last sentence of each of the Benefit Maximums paragraphs regarding the dental expenses for Type I Dental Services not being applied toward the maximum(s) may be included or deleted.
 - One of the four Benefit Maximums paragraphs will be included and the others deleted depending on the plan elected by the group.
15. The Waiting Periods provision may appear as shown, deleted in its entirety or vary as follows:
- The Waiting Periods for Class II, III and IV Services may range from 3 - 24 months.
 - The Waiting Periods may be deleted for specific Class III Services and included as a single waiting period for all Class III Services.
 - The Waiting Periods for Class II, Class III and IV Services will be deleted if Waiting Periods do not apply to these classes of services.
 - Certain services may be deleted if there is no waiting period for that service or if that service is not covered.
16. These paragraphs may appear as shown or will be deleted in its entirety if the allowable charge option is not chosen.
17. The discounts on dental care products and Vision Plan may be included as shown or either item or both items may be deleted. The discounts on dental care products may be changed to modify the Internet address.
18. This item may appear as shown, or may be omitted entirely, or may be modified as follows:
- Plan Changes may be deleted entirely if not applicable.
 - Any reference to a plan of insurance may be changed to the name of a specific plan.
 - Policyholder may be changed to participating employer (or other appropriate entity).
 - The effective date may be policy anniversary, first of the month, first of the second month, date of request, a specific date or any other date agreed upon between the policyholder and us. The effective date may also be the date of the family status event which may be prior to the date of application.
 - The 31-day time period may be changed to 45, 60, 90 or 120 days.
 - One or more items in the definition of family status may be deleted or reference to other items may be added upon policyholder request.
 - Domestic partner language can be included in the change in family status definition upon policyholder request or as required by state law, or may be deleted if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - The last 2 paragraphs may be deleted if the waiting periods or late entrant limitations do not apply.
 - The child's birthday may be modified to be the child's second or fourth birthday.

Union Security Insurance Company
Statement of Variations
Policy Insert Form ETPT Den

The variable and illustrative material in Policy Insert Form ETPT Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, the term "participating employer" may be changed to another appropriate entity; and the term "employees" may be changed to "participants" or "members" or other appropriate terminology.

1. This item may appear as shown, or may be changed as follows:
 - delete one or more of the requirements
 - show a different minimum number of eligible employees required, ranging from 1-10 employees or as approved by us
 - add requirements such as nature of business, length of time in business, or membership in another group
 - change employer to participating employer
2. This item may appear as shown or may be changed as follows:
 - delete reference to dependents if not covered under the policy
 - delete reference to noncontributory insurance when only contributory insurance is being provided under the policy
 - delete reference to contributory insurance when only noncontributory insurance is being provided under the policy
 - change the minimum number of eligible employees required under each open bulleted item, ranging from 1 – 10 employees, or add a percentage under each open bulleted item, ranging from 10% - 100%
 - change the percentage under the third open bulleted item, ranging from 10% - 100%
 - require a minimum percentage for all employees for contributory insurance
3. This item may appear as shown or be omitted entirely.
4. This item may appear as shown, may be omitted entirely or may be changed to indicate a different minimum number of employees, ranging from 1 – 10 employees.
5. This item may appear as shown, or the time period may be increased, with a range of 31 – 90 days.
6. This item may appear as shown or may be omitted entirely. The time period may be increased, with a range of 31 – 90 days.
7. This item may be included as shown or may be changed to increase the number of days, with a range of 31 – 90 days.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form ETP Den

The variable and illustrative material in Certificate Insert Form ETP Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to:
 - require "continuous full-time service" in the 2nd bullet or include continuous full-time service as a temporary employee
 - add reference to participating employer
 - delete reference to one or more of the terms employer, policyholder or associated company, if not applicable
 - state that the Present Service Requirement applies on the Effective Date of the participating employer's application or participation agreement
2. This item may appear as shown or may be deleted if only contributory insurance is provided in the policy. It may be modified as follows:
 - The phrase "shown in the Schedule" may be changed to "in the certificate"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer's application or another specific date
3. This item may appear as shown or the section on contributory insurance may be deleted if only noncontributory insurance is provided in the policy. If only contributory insurance is provided in the policy, reference to "For any contributory insurance" may be deleted. The phrase "part or all of the premium" may be changed to "part of the premium" or "all of the premium."
4. This item may appear as shown or may be modified as follows:
 - The phrase "shown in the Schedule" may be changed to "in the certificate"
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer's application or another specific date
5. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 31 – 120 days
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer's application or another specific date
6. This item may appear as shown or may be modified as follows:
 - the 31 day period may be modified, ranging from 31 – 120 days
 - allow a person to enroll within a range of 31 - 120 days after coverage under another group

- policy ends
 - indicate that insurance may take effect at different times including immediately, first of the month, Entry Date, policy anniversary, the date of the application, or date signed, a billing period date, a payroll deduction date, the entry date in the participating employer's application or another specific date
 - 24 month period may be modified, ranging from 6-24 months, or may be deleted or not apply if application is made during an annual enrollment
 - require that late entrants apply during an annual enrollment period or to wait until a time specified by the policyholder to apply for insurance
 - delete reference to Late Entrant Limitation
7. This item may appear as shown or may be changed to "employer's" or "participating employer's" effective date, or participating employer's application or other appropriate terminology.
8. The Exception to Effective Date may appear as shown or may be deleted for the whole group or certain classes when "active work" is not a condition of coverage.
9. This item may appear as shown or may be changed as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary. Several examples are included.
 - references to "participating employer" and "participating employer's application" will be deleted or "participating employer" may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participating employer's agreement" or other appropriate terminology
 - for school groups, the active work item may be modified so if the person renews his or her contract for the next school year, insurance can continue even though the person stops active work during the summer recess
 - reference to "contribution" may be deleted if coverage is noncontributory
 - one or more of the reasons insurance will end may be omitted.
10. This item may be included as shown, omitted entirely, or be changed as follows:
- the time period may be modified, ranging from 1 – 24 months
 - other applicable eligibility requirements may also be waived
 - this provision may only apply to certain class(es)

Union Security Insurance Company
Statement of Variations
Certificate Insert Form DETP Den

The variable and illustrative material in Certificate Insert Form DETP Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to level may be changed to another term such as plan or tier and may also be changed to reflect the applicable marketing name of the product, level, plan or tier offered. References to levels may also be deleted entirely.

1. This item may appear as shown or may be changed to:
 - delete reference to “unmarried” or “students”
 - change the maximum ages, ranging from age 18 - 30
 - cover spouses only or children only
 - delete reference to “domestic partner” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
2. This item may appear as shown, be deleted entirely if children are not covered, or may be changed to:
 - delete reference to stepchildren or foster children or children for whom the insured is the legal guardian
 - delete reference to “domestic partner’s children” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
 - expand the definition of child to include grandchildren who reside with you on a permanent basis and depend on you for support and maintenance
 - delete reference to residing with and dependent upon the insured for support and maintenance
3. This item may appear as shown, or “will not” may be changed to “may” when an eligible dependent may include a person who is a member of an eligible class. “Not” will be deleted when an eligible dependent can be covered by more than one covered person. Delete reference to “domestic partner” if domestic partners are not covered. The term domestic partner may be changed to another similar term including but not limited to a party to a civil union, financially interdependent partner, spousal equivalent, or significant other. The last paragraph may appear as shown or deleted entirely or the last sentence may be deleted.
4. This item may appear as shown or may be changed to:
 - omit reference to either noncontributory or contributory insurance if only one is provided in the policy
 - omit reference to “your share of” the premium
 - the phrase “shown in the Schedule” may be changed to “in the certificate.”
 - change the period of time to range within 31 – 120 days
 - show different effective dates including immediately, first of the month, policy anniversary, Entry Date, date of application or date signed, a billing period date, payroll deduction date, the entry date in the participating employer’s application, or another specific date

- allow a person to enroll within a range of 31 - 120 days after coverage under another group policy ends
 - third bullet may be changed to:
 - refer to a different length of time for application, ranging from 31 - 120 days
 - indicate that the insurance takes effect at different times including immediately, first of the month, policy anniversary, the Entry Date, the date of the application or date signed, a billing period date, payroll deduction date, the entry date in the participating employer's application or another specific date
 - allow a person to enroll within 31 - 120 days after coverage under another group policy ends
 - require enrollees to wait until a time specified by the policyholder or the participating employer to apply for insurance
 - requirement that application must be made during an annual enrollment period
 - 24 month period may be modified, ranging from 6-24 months, or may be deleted or not apply if application is made during an annual enrollment
 - delete reference to Late Entrant Limitation
 - delete reference to annual enrollment period
 - the child's birthday may range from the 2nd – 4th birthday
5. This item may appear as shown, may be deleted entirely, or reference to newborns may be deleted if coverage is for spouses only. The time period may be changed, ranging from 31-60 days.
6. This item may appear as shown or may be modified as follows:
- indicate another date for termination of insurance, such as premium due date, end of the month, first of the following month or policy anniversary, or the end of the calendar year. Several examples are included.
 - references to "participating employer's application" and "participating employer" will be deleted or "participating employer" may be changed to other appropriate terminology
 - "participating employer's application" may be changed to "participating employer's participation agreement", or other appropriate terminology
 - reference to required contribution may be deleted if the coverage is non-contributory
 - one or more of the reasons insurance will end may be omitted

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Cont Den

The variable and illustrative material in Certificate Insert Form Cont Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown, be deleted entirely, or may be changed as follows:
 - reference to "policyholder" may be changed to "employer" or "participating employer" or other appropriate terminology
 - indicate this provision may only apply to certain class(es) or not apply to certain class(es)
 - reference to dependent insurance may be deleted
 - time periods shown may be changed by policyholder request, but will never exceed 24 months
 - different reasons for not performing active work may be shown, such as medical, maternity or parental leave; personal leave; sabbatical leave
 - one or more of the bulleted items may be deleted
 - the statement about having the approval for leave in writing may be deleted or the portion about family and medical leave may be deleted.
2. This item may appear as shown or be deleted entirely. It may also be changed to:
 - allow subsequent proof to be given at our request
3. This item may appear as shown, may be omitted entirely, or changed to:
 - delete "the earliest of"; change "the earliest of" to "earlier of"; or delete one or more of the bulleted items;
 - show another time period ranging from 3rd calendar month to 6th calendar month or end of the calendar year
 - change the child's age, ranging from 21st - 30th birthday or allow coverage to continue until the end of the calendar month or calendar year in which the child attains the specified age
4. "policyholder" may be changed to "participating employer" or other appropriate terminology

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Den BP AR

The variable and illustrative material in Certificate Insert Form Den BP AR has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

Throughout this form, any reference to covered or eligible dependents may be deleted if a particular group does not insure dependents, and the verbs following the phrase may be modified, if needed.

Throughout the form, the term "policyholder" may be changed to "participating employer" or other appropriate entity. Any reference to employee may be changed to member.

1. This provision may be deleted in its entirety if the network provider option is not elected.
2. Reference to the Maximum Family Deductible and the Maximum Family Deductible provision may appear as shown or be deleted in its entirety when not elected by a particular group. The references to orthodontic services in the Maximum Family Deductible provision will be deleted when orthodontic coverage is not provided.
3. This provision may appear as shown, the time period may range from 1 month to 4 months, or the provision may be deleted in its entirety.
4. This provision will appear as shown or may be deleted in its entirety depending on the plan selected. The last sentence may be included or deleted. In the second paragraph, if included, reference to orthodontic services may be deleted when orthodontic coverage is not provided. Employee may be changed to member.
5. These provisions may appear as shown or may be deleted in their entirety depending on the plan selected. The last sentence in each provision may be included or deleted. If included, reference to orthodontic services may be deleted when orthodontic coverage is not provided or reference to Class I: Preventive Services may be deleted when the Preventive Max Waiver option is not selected. Employee may be changed to member.
6. Any of these provisions will appear as shown or may be deleted in its entirety depending on the plan selected.
7. This paragraph will appear as shown or be deleted when orthodontia coverage is not elected by a particular group.
8. This language may appear as shown or be modified to remove information regarding the fee agreed upon by a network provider when a network provider plan is not elected by the policyholder.
9. This provision may appear as shown or modified as follows:
 - The heading may be deleted entirely or reference to class may be deleted.
 - Individual services except oral evaluations and dental prophylaxis may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - One of the two dental prophylaxis items will appear.
 - The genetic test service may appear as shown or deleted entirely.

- The frequency or time limitations on individual services may be increase or decreased as follows:
 - Oral evaluations can be limited to 1, 2, 3 or 4 times in a 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Intraoral complete series x-rays can be limited to 1 time in any 24 - 60 month period.
 - Bitewing x-rays can be limited to 1, 2, 3 or 4 times in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Dental prophylaxis can be limited to 1, 2, 3 or 4 times in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Topical fluoride treatment can be limited to 1 time in any 6 - 24 month period. "12 month period" can be changed to benefit year.
 - Sealants can be limited to 1 time per tooth in any 24 - 48 month period. "12 month period" can be changed to benefit year.
 - The age limitations on individual services may be modified as follows:
 - The age for topical fluoride treatment can range from 14 - 19 years of age.
 - The age for sealants can range from 14 - 19 years of age.
 - Additional ADA services not shown may be included in the list of covered services upon request.
10. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- Individual services may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - The subheadings Diagnostic Services, Endodontic Services, Periodontal Non-surgical Services, Periodontal Surgical Services, Oral Surgery Services, and Other Basic Services may appear as shown, moved to another Class of services or deleted entirely.
 - One of the 2 periodontal maintenance procedure items may be included, or this item may be deleted entirely.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - Intraoral periapical x-rays can be limited to 2 or 4 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Intraoral occlusal x-rays can be limited to 1 or 2 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Extraoral x-rays can be limited to 1 or 2 films in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - Root canal can be limited to 1 time on the same tooth in any 12 or 24 month period.
 - Periodontal scaling and root planing can be limited to 1 time per quadrant of the mouth in any 24 or 36 month period.
 - Periodontal maintenance procedure can be limited to 1, 2, 3 or 4 dental prophylaxis or 1, 2, 3 or 4 periodontal maintenance procedure in any 3, 4, 6 or 12 month period. "12 month period" can be changed to benefit year.
 - Stainless steel crowns can be limited to 1 time in any 24, 36 or 48 month period.
 - The age limitations on individual services may be modified as follows:
 - The age for pulpotomy can range from 14-19 years.
 - The age for stainless steel crowns can range from 14 – 19 years
 - Additional ADA services not shown may be included in the list of covered services upon request.
11. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- The subheading Restorative Services (Fillings) may appear as shown, moved to another Class of services or deleted entirely.

- Only one of the two composite restorations will appear.
 - All services may be moved to another Class of services or deleted from the list of covered services.
 - The last bullet referencing benefits for restorations on three or more surfaces may appear as shown or deleted entirely.
 - The limitations on individual services may be deleted.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - The time limit for the replacement of an existing amalgam restoration can be 12, 24, 36, or 48 months.
 - The time limit for the replacement of an existing composite restoration can be 12, 24, 36, or 48 months.
 - Additional ADA services not shown may be included in the list of covered services upon request.
12. This provision may appear as shown, be deleted in its entirety, or modified as follows:
- The subheadings Inlay, Onlay, and Crown Restorations, Implant Services, Full and Partial Dentures (Removable), Fixed Partial Dentures (Bridges) and Other Major Services may appear as shown, moved to another Class of services or deleted entirely.
 - Individual services may be moved to another Class of services or deleted from the list of covered services.
 - The limitations on individual services may be deleted.
 - One of the two porcelain crown items will appear.
 - The frequency or time limitations on individual services may be increase or decreased as follows:
 - The replacement period for inlays and onlays can be 5, 7 or 10 years.
 - The replacement period for labial veneers can be 5, 7, or 10 years.
 - The replacement period for crowns can be 5, 7 or 10 years.
 - The replacement period for endosseous implants can be 5, 7 or 10 years.
 - The replacement period for full dentures can be 5, 7 or 10 years.
 - The replacement period for partial dentures can be 5, 7 or 10 years.
 - The limitation for denture adjustments can be 1 time in any 6, 12 or 24 month period. "12 month period" can be changed to benefit year.
 - The limitation for relining or rebasing dentures can be 1 time in any 24, 36 or 48 month period.
 - The time limit for tissue conditioning can be increased to 24 or 36 months.
 - The replacement period for fixed bridges can be 5, 7 or 10 years.
 - The time limit for repairs or recementing of full or partial dentures, bridges, crowns and inlays can be increased to 24 or 36 months.
 - The limitation for bleaching of teeth can range from 1 time in any 24 - 48 month period.
 - The phrase "(includes an allowance for all temporary restorations and appliances, and 1 year follow-up care)" may appear as shown, be deleted in its entirety, and the allowance for follow-up care can range from 6 months to 2 years.
 - The age limitations on individual services may be modified to a lower or higher age as follows:
 - The age limit for inlays and onlays can range from 14 - 18 years of age.
 - The age limit for crowns can range from 14 - 18 years of age.
 - The age limit for labial veneers can range from 14-18 years of age.
 - The age limit for fixed bridges can range from 14 - 18 years of age.

- The age limit for bleaching of teeth can range from 14 - 18 years of age.
 - Additional ADA services not shown may be included in the list of covered services upon request.
13. This provision may appear as shown, be deleted in its entirety or be modified as follows:
- The list of covered services may be expanded or individual services may be deleted.
 - Orthodontic coverage may also be provided to covered spouses and/or insured employees.
 - Coverage may be provided for the retention of orthodontic relationships.
 - One of the two paragraphs that reference the Benefit Year Maximum or the Individual Benefit Year Maximum and Family Share Benefit Year Maximum will be included and the other deleted.
 - The percentages paid for initial installments can range from 10% - 25%, and the percentages for the remaining installments can range from 75% - 90%.
14. The dollar amount under Pre-estimate may range from \$100 - \$500.
15. The Special Limitations section may be deleted in its entirety.
16. The Waiting Period for Timely Applicants may be appear as shown, deleted in its entirety, or may be modified as follows:
- The time period for enrollment may range from 31 days to 120 days.
 - Coverage may be deferred for an entire Class or deferred for groups of services within a Class.
 - Reference to orthodontic treatment may be included or deleted. The last paragraph may be included or deleted. Reference to any class may be included or deleted.
17. The Late Entrant Limitation may appear as shown, be deleted in its entirety, or may be modified as follows:
- The time period for enrollment may range from 31 days to 120 days.
 - The time periods for deferral of coverage may range from 3 months to 24 months.
 - The services for which coverage is deferred may be modified.
18. This provision will appear as shown or be deleted in its entirety.
19. The bracketed material will be removed if the bleaching option is not chosen.
20. The bracketed material may be deleted if periodontal surgery is not covered.
21. The bracketed material will be removed if the bleaching option is not chosen and the frequency limitation can range from 24 - 48 months.
22. The time period may range from 3 years to 5 years.
23. This exclusion may be removed if implant coverage is provided.
24. This exclusion may be removed if occlusal guard coverage is provided.
25. This exclusion may be removed if orthodontic coverage is provided.

26. This exclusion may appear as shown, be deleted in its entirety, or the dollar amount may range from \$100 to \$300.
27. This provision may appear as shown, be modified to remove the orthodontia references, modified to expand the period of time for extension up to 60 days, or modified to remove the bracketed material at the end of the final sentence of the provision. One of the two paragraphs that reference the Benefit Year Maximum or the Individual Benefit Year Maximum and Family Share Benefit Year Maximum will be included and the other one deleted.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form COC Den

The variable and illustrative material in Certificate Insert Form COC Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or be modified to change policyholder's to participating employer's.
2. This item may appear as shown or may be modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology.
3. This item may appear as shown or be changed as follows:
 - modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology
 - modified to delete the first bullet if active work does not apply
4. The number of days may range from 31 –120 days.
5. This item may appear as shown or be changed as follows:
 - modified to delete the first part of the sentence if active work does not apply
 - modified to change *policy* to participating employer's participation agreement or application or other appropriate terminology
6. This item may appear as shown, be omitted entirely when dependent insurance is not provided, may be changed to reflect the participating employer's participation agreement or application or other appropriate terminology instead of policy or the number of days may range from 31-120 days.
7. This item may appear as shown, be omitted entirely or be modified to change policyholder's to participating employer's.
8. This section may appear as shown, be omitted entirely if the plan does not contain such limitations, or may be changed as follows:
 - modified to remove the late entrant penalty if application is made within the required number of days of the plan effective date
 - modified to change policy to participating employer's participation agreement or application or other appropriate terminology
 - the number of days may range from 31 –120 days
9. This item may appear as shown or deleted entirely.
10. The information regarding orthodontia under the Maximum Benefit Credit section may be removed if orthodontia coverage is not provided or modified to change policyholder's to participating employer's or other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form COB Den

The variable and illustrative material Certificate Insert Form COB Den has been indicated by boxes or brackets. The variable material, which needs explanation, is shown below.

1. This language will appear as is, or deleted entirely.
2. References to plans that prohibit the coordination of benefits may be removed, in accordance with state law or regulation.
3. This item will appear as is, or changed to "participating employer" or other appropriate entity.
4. The rules for the Order of Benefit Determination may be modified due to changes in regulatory requirements or upon acceptable policyholder requests, and the items renumbered accordingly. The reference to domestic partner may be deleted entirely if domestic partners are not covered, or the term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
5. The rules for the Order of Benefit Determination may be modified due to changes in regulatory requirements or upon acceptable policyholder requests, and the items renumbered accordingly.

Union Security Insurance Company
Statement of Variations
Certificate Insert Form Clm Pro Den

The variable and illustrative material in Certificate Insert Form Clm Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. The reference to domestic partner may be deleted entirely if domestic partners are not covered, or the term domestic partner may be changed to another similar term including but not limited to party to a civil union, financially interdependent partner, spousal equivalent, or significant other.
2. This item will appear as shown or may be deleted entirely. Policyholder may be changed to participating employer.
3. This time period may be increased from 30 days to 60 days.
4. This item may appear as shown, or locations may be omitted entirely.
5. This time period may range from 10 days to 15 days.
6. This time period may be increased from 90 days to 120 days.
7. This item may appear as shown or the time frames may be changed to comply with any state requirements.
8. This item may appear as shown or changed to comply with any federal requirements.
9. This item may appear as shown or may be changed to include reference to a participating employer, or policyholder may be changed to participating employer.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Gen Pro Den

The variable and illustrative material in Policy Insert Form Gen Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may appear as shown or may be changed to include reference to a participating employer (or other appropriate entity), or "policyholder" may be changed to "participating employer" (or other appropriate entity).
2. This item may be included as shown or may be omitted entirely. If included, reference to an employer or associated company may be deleted, or reference to a participating employer or other appropriate entity may be added.

Union Security Insurance Company
Statement of Variations
Policy Insert Form PGen Pro Den

The variable and illustrative material in Policy Insert Form PGen Pro Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item may be included as shown or may be deleted entirely.
2. This item may appear as shown or may be changed to read "policyholder or participating employer" or "policyholder and participating employer", or another appropriate entity or entities.
3. This item may be included as shown or may be changed to read "the date."
4. This item may be included as shown or may be deleted entirely.
5. This item may appear as shown, may be deleted entirely, "the date" may be deleted entirely, or the time period may be increased to 45, 60 or 90 days.
6. This item may appear as shown or may be changed to show the minimum participation requirements here instead of in the Schedule.
7. This item may be included as shown or the time period may be increased to 45, 60 or 90 days.

Union Security Insurance Company
Statement of Variations
Policy Insert Form Premium Den

The variable and illustrative material in Policy Insert Form Premium Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. Policyholder may be changed to participating employer. "In advance" may appear as shown or be changed to allow the policyholder to pay premiums in arrears.
2. The phrase "or administrators" may appear as shown or be deleted in its entirety.
3. Policyholder may be changed to participating employer. This time period 31 days may be increased to a maximum of 90 days.
4. Policyholder may be changed to participating employer.
5. This item may appear as shown or be increased to the second or third policy anniversary; it may be changed, ranging from 12 - 36 consecutive months or changed to accommodate the policyholder's effective date.
6. This item may appear as shown or deleted entirely if there is no premium rate adjustment cap. The policy anniversary may be increased to the second or third policy anniversary; it may be changed, ranging from 12 - 36 consecutive months or changed to accommodate the policyholder's effective date. The premium rate adjustment cap percentage may be decreased to 7% or be changed to another percentage agreed upon by the policyholder and us.
7. This item may appear as shown or may be changed to show a different period of time, ranging from 12 - 36 consecutive months.
8. This item may appear as shown; the time period may be increased up to a maximum of 90 days; or reference to policyholder may be changed to other appropriate terminology.

Union Security Insurance Company
Statement of Variations
Policy Amendment Form Amd Den

The variable and illustrative material in Policy Amendment Form Amd Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The two boxed sections on the first page may be included as shown or may be deleted entirely if the amendment is part of the initial policy at issue.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the amendment.
7. These items will reflect the current company officers and titles.
8. This item will be included as shown or may be deleted entirely. If deleted, the first letter of the next word will be capitalized.
9. This item may be changed because of an address change.
10. This item may be included or deleted. If included, it will indicate a time frame ranging from immediate to 180 days and may include a date which may be the effective date of the amendment or the date the amendment was prepared or mailed.
11. This item may be included as shown or may be deleted entirely. It may be changed to require a signed copy to be returned to the home office and a signed copy attached to the policy.
12. Either "decline" or "accept" will be included and the other omitted.
13. This item may be included as shown or may be changed to participating employer, or other appropriate terminology, if applicable.
14. If the amendment is part of the initial policy at issue, the lead-in will read "Effective on and after its effective date, the *policy* is amended as follows:" If the policy is amended after being issued, the lead-in will indicate the effective date of the amendment. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

Union Security Insurance Company
Statement of Variations
Certificate Endorsement Form Cend Den

The variable and illustrative material in Certificate Endorsement Form Cend Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

The boxed section on the first page may be included as shown or may be deleted entirely if the endorsement is included within the certificate.

1. This item will indicate the specific policy number that we assign for identification purposes.
2. This item will indicate the name of the specific policyholder.
3. This item will indicate the specific participation number that we assign for identification purposes, or may be deleted if not applicable.
4. This item will indicate the name of a specific participating employer or may be deleted if not applicable.
5. This item will indicate whether coverage is contributory, noncontributory or both. Coverage may or may not include Dependents.
6. This item will indicate the effective date of the endorsement.
7. These items may be included as shown or deleted entirely. The class description may be changed to a different class, such as employees with a certain job title or other description.
8. These items will reflect a current company officer and title.
9. This item may be changed because of an address change.
10. This item may be included as shown or deleted entirely if the endorsement is included within the certificate.
11. If the endorsement is included within the certificate, the lead-in will read "Effective on and after its effective date, the Certificate is endorsed as follows:" If an inforce Certificate is endorsed separately, the lead-in will indicate the effective date of the endorsement. This form will be used to make changes to items that are variable, such as changing a Schedule Amount or a Future Service Requirement.

Union Security Insurance Company
Statement of Variations
Policy Insert Form App Pol Den

The variable and illustrative material in Policy Insert Form App Pol Den has been indicated by boxes or brackets. The variable material has been indicated by numbers. The explanation of the nature and scope of the variations is set forth below.

1. This item will indicate the name of the specific policyholder.
2. This item will indicate the specific policy number that we assign for identification purposes.
3. This item will reflect the number of lives and/or number of participating employers required for the policy to take effect, subject to state law. The number may be changed but will not be less than 2 lives, depending on the size of the group and the type of group such as employer or other eligible group.
4. This item may be included as shown or deleted entirely. If included, it will reflect the participation of the group required for the policy to take effect, subject to state law. It can range from 10 to 100%.
5. This item may be included as shown if more than one dental plan is offered by us or deleted entirely if only one plan is offered by us. Policyholder's may be changed to participating employer's.
6. There will be two copies of the Application page. One will include "This copy is to remain attached to the *policy*." and the other page will include "This copy is to be returned to the *home office*."
7. This item will reflect the address where Union Security Insurance Company's home office is located.